

Case Number:	CM13-0070252		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2012
Decision Date:	05/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47-year-old male who reported injury on January 7, 2012. The mechanism of injury was the injured worker was trimming a horse, which suddenly and unexpectedly stood on its hind legs and fell over on top of the injured worker, crushing him against a wall. The documentation of September 18, 2013 revealed the injured worker had an x-ray of the bilateral shoulders. The x-ray of the right shoulder revealed an old healed fracture of the right 7th rib posterolaterally, calcific tendinitis, and otherwise unremarkable images of the right shoulder. The left shoulder impression was normal images of the left shoulder. The documentation of October 25, 2013 revealed the injured worker had been treated with 24 sessions of acupuncture, 5 sessions of physical therapy, and 24 sessions of chiropractic therapy with relief. Objective findings revealed the injured worker had tenderness to palpation in the cervical spine in the midline and paraspinal regions. The injured worker had tenderness to palpation in the lumbar spine and paraspinal musculature. The injured worker had decreased range of motion in the cervical, thoracic, and lumbar spine. He had 5/5 strength bilaterally throughout upper extremities, with the exception of 5-/5 strength in the wrist flexors bilaterally. The physician documentation by way of a records review indicated the injured worker had chronic symptomatic post-traumatic derangement of the right shoulder with suggestion of bicipital tendinitis and subacromial bursitis, and chronic symptomatic post-traumatic derangement of the left shoulder with suggestion of bicipital tendinitis and subacromial bursitis. It was opined the injured worker had chronic right and left upper extremity sensory deficits with electrodiagnostic testing indicative of nerve root involvement, and the median nerve demonstrating a neuropathy either to carpal tunnel or cervical radiculopathy. The examining physician on the date of October 25, 2013 opined the shoulders had not been fully evaluated and the injured worker could not be at MMI. The diagnoses included DDD (degenerative disc

disease) of the cervical, thoracic, and lumbar spines, HNP of the cervical spine and thoracic spine, facet arthropathy of the thoracic spine, canal stenosis, and neural foraminal narrowing right L4-5 and L5-S1. The treatment plan included living with the pain, physical therapy, chiropractic therapy, multiple pain management techniques, injections, and surgery. The documented requests were for twelve sessions of chiropractic therapy, an MRI of the bilateral shoulders, and x-rays of the bilateral shoulders between October 30, 2013 and January 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TWELVE CHIROPRACTIC THERAPY SESSIONS FOR THE BILATERAL SHOULDERS BETWEEN 10/30/2013 AND 1/31/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Manipulation Section.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions; however, they do not specifically address manipulation for the shoulders. As such, secondary guidelines were sought. Official Disability Guidelines indicate that manipulation for sprains and strains of the shoulder and upper arm includes nine visits over eight weeks. The clinical documentation submitted for review indicated the injured worker had 24 sessions of chiropractic therapy with relief.

ONE SINGLE POSITIONAL MAGNETIC RESONANCE IMAGING OF THE BILATERAL SHOULDERS BETWEEN 10/30/2013 AND 1/31/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 9, 207-209.

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines indicate that, for most patients with shoulder problems, special studies are not needed until a four or six week period of conservative care and observation fails to improve the symptoms. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had prior x-ray studies,

which revealed normal plain radiographs. There was a lack of documentation of an objective physical examination specifically directed at the shoulders to support that the injured worker had physiologic evidence of tissue insult or neurovascular dysfunction. The request for one single positional magnetic resonance imaging of the bilateral shoulders is not medically necessary or appropriate.

ONE X-RAYS FOR BILATERAL SHOULDERS BETWEEN 10/30/2013 AND 1/31/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines indicate that, for most patients with shoulder problems, special studies are not needed until a four or six week period of conservative care and observation fails to improve the symptoms. Additionally, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had prior x-rays that were within normal limits. There was a lack of documentation indicating a necessity for repeat x-rays. The request for one x-ray for the bilateral shoulders is not medically necessary or appropriate.