

Case Number:	CM14-0013094		
Date Assigned:	02/24/2014	Date of Injury:	02/01/2012
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, mid back, and bilateral shoulder pain reportedly associated with an industrial injury of February 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; wrist supports; electrodiagnostic testing of the bilateral upper extremities on November 13, 2013, interpreted as normal; and topical compounds. In a utilization review report dated January 29, 2014, the claims administrator denied a request for eight sessions of chiropractic manipulative therapy/physical therapy/physiotherapy, denied a request for right shoulder MRI, and denied a request for left shoulder MRI while approving wrist braces and a referral to hand specialist. A November 4, 2013 progress note is notable for comments that the applicant reported multifocal hand, wrist, elbow, and foot and low back pain reportedly associated with cumulative trauma at work. The applicant was on Voltaren, methotrexate, prednisone, Enbrel, folate, and leucovorin, it was stated. The applicant last worked last in August 2013, it was further noted. It was stated that the applicant obtained chiropractic manipulative therapy and physiotherapy for the neck, mid back, and low back. X-rays were sought. The applicant's shoulders were not formally evaluated, although the applicant did have hand diminished hand and wrist strength and lower extremity strength. The claims administrator later interrupted the request to include manipulation for other body parts, including the ankles and feet.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) CHIROPRACTIC PHYSIOTHERAPY SESSIONS TO BILATERAL SHOULDERS, WRISTS/HANDS, KNEES, AND ANKLES/FEET: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-60

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation topic. Page(s):.

Decision rationale: As noted on page 58 of the Chronic Pain Medical Treatment Guidelines, manipulative therapy is not recommended for several of the body parts, for which it is being sought, namely, the ankle, feet, wrist, and hands. The request is not medically necessary on the grounds that manipulation is being sought for body parts for which it has not been deemed effective.

RIGHT SHOULDER MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9, SHOULDER COMPLAINTS, 208

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, notes that MRI imaging is "recommended" in the preoperative evaluation, partial thickness or large full thickness rotator cuff tears, in this case, however, there is no clearly voiced suspicion of either partial thickness or full thickness rotator cuff tear mentioned on the November 4, 2013, progress report. There is little or no mention of issues related to the shoulder. The applicant's shoulder range of motion could not formally be assessed. Therefore, the request is not medically necessary.

LEFT SHOULDER MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9, SHOULDER COMPLAINTS, 208

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, does recommend an MRI imaging and the preoperative evaluation of partial thickness or large full thickness rotator cuff tears, in this case, however, it is not clearly stated that partial thickness or full thickness rotator cuff tear is suspected. It is not clearly stated why MRI imaging of left

shoulder is being sought. The applicant's shoulder range of motion were not formally assessed on November 4, 2013 office visit. It was not clearly stated that the applicant was actively considering or contemplating shoulder surgery. Therefore, the request is not medically necessary, for all of the stated reasons.