

Case Number:	CM14-0018812		
Date Assigned:	04/18/2014	Date of Injury:	02/24/2013
Decision Date:	07/02/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 58-year-old male who reported an injury on 03/27/2013. The mechanism of injury involved a fall. The injured worker reported persistent pain in bilateral lower extremities and lower back with activity limitation. Physical examination revealed a mildly antalgic gait, moderate paraspinal tenderness and spasm, limited lumbar range of motion, positive Trendelenburg testing on the right, 5/5 motor strength in bilateral lower extremities, and 2+ deep tendon reflexes. The current diagnoses include sprain/strain of the lumbosacral spine and sprain/strain of the elbow. The treatment recommendations at that time included an MRI of the lumbar spine, durable medical equipment, and chiropractic therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. There was no comprehensive physical examination of the left shoulder provided for review. Therefore, there is no evidence of tissue insult or neurovascular dysfunction. There is no mention of the emergence of any red flags. There is also no documentation of a failure to progress in a strengthening program. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.

CHIROPRACTIC THERAPY, 3 TIMES A WEEK FOR 4 WEEKS TO THE CERVICAL SPINE AND SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. The treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. The treatment for the upper extremity is not recommended. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.