

Case Number:	CM14-0138744		
Date Assigned:	09/05/2014	Date of Injury:	07/16/2013
Decision Date:	10/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 patient is a 36 year-old male with date of injury 07/16/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/09/2013, lists subjective complaints as headaches, back pain and bilateral upper and lower extremity pain. Objective findings: Examination of the left shoulder revealed tenderness to palpation and restricted range of motion. Impingement, supraspinatus, and Codman's drop arm tests were positive. Lumbar spine: Grade two tenderness to palpation and palpable spasm over the paraspinal muscles, which had decreased from 3 on the last visit. There was restricted range of motion and straight leg raising test was positive bilaterally. Diagnosis: 1. Cervical spine strain/sprain 2. Rule out cervical spine disease 3. Thoracic spine strain/sprain 4. Lumbar spine strain/sprain with radiculitis 5. Positive MRI findings of lumbar spine disc protrusion 6. Left shoulder strain/sprain/impingement 7. Rule out shoulder AC joint separation 8. Left elbow strain/sprain, lateral epicondylitis 9. Bilateral wrist strain/sprain, rule out carpal tunnel syndrome. Patient has completed 6 sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC EVAL & TREATMENT 2x6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-60.

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The patient has been undergoing chiropractic treatment, but there is no documentation of functional improvement. The request for 12 chiropractic additional visits is not medically necessary.

CHIROPRACTIC EVAL & TREATMENT OF: LEFT SHOULDER AT 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-60.

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. There is no documentation that the previous chiropractic treatment has been effective for improving the patient's functional capacity. Twelve additional visits of chiropractic treatment is not medically necessary.

ORTHOPEDIC CONSULT OF LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Therefore, Orthopedic consult of left shoulder is not medically necessary and appropriate.