

Case Number:	CM14-0165261		
Date Assigned:	10/10/2014	Date of Injury:	09/21/2012
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/07/2014

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 Illinois. 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 41-year-old female with a date of injury of 9/21/12. On the treating physician's notes of Oct 2, 2014, it is stated the worker has 7/10 pain in the lumbar spine, right shoulder, right elbow and 8/10 pain in the right wrist. There was decreased pain and improved activities of daily living. Objective findings are illegible. Report of magnetic resonance imaging performed on April 24, 2014 indicates the following findings: A-C osteoarthritis, supraspinatus tendinitis with possible tear involving the articular surface, infraspinatus tendinitis, and subacromial/subdeltoid bursitis versus cyst. Diagnoses include multi-level lumbosacral spine disc protrusion; lumbar sprain; right shoulder osteoarthritis/rotator cuff tear/tendinitis/impingement; elbow sprain; right wrist sprain and carpal tunnel syndrome; and other illegible conditions. Treatment has included medications, physical therapy, 18 chiropractic visits and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Manipulation

Decision rationale: Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Per Official Disability Guidelines, manipulation is recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the injured worker reevaluated. For injured workers with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. While not proven by multiple high quality studies, a trial of manipulation for injured workers with radiculopathy may also be an option, when radiculopathy is not progressive, and studies support its safety. As with any conservative intervention in the absence of definitive high quality evidence, careful attention to injured worker response to treatment is critical. Many passive and palliative interventions can provide relief in the short term but may risk treatment dependence without meaningful long-term benefit. Such interventions should be utilized to the extent they are aimed at facilitating return to normal functional activities, particularly work. This worker has already had a total of 18 chiropractic visits and there is no documentation as to functional improvement, decrease of medication use, or return to work because of this manipulation. As stated in the above guidelines, injured worker response to treatment is critical. As there is no documentation as to the worker's response to the maximum-recommended manipulation sessions, the request is not medically necessary.

Follow up Orthopedic visit, low complexity and moderate complexity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195.

Decision rationale: Per American College of Occupational and Environmental Medicine, in the absence of red flags, work-related shoulder complaints can be safely and effectively managed by occupational or primary care providers. There is no mention of red flags, including neurological signs or progressive strength or sensory deficits. The focus is on monitoring for complications, facilitating the healing process, and facilitating return to work in a modified- or full-duty capacity. Therefore this request is not medically necessary.

MR Arthrogram right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 208-209. Decision based on Non-MTUS Citation ODG, Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MR arthrogram

Decision rationale: Per American College of Occupational and Environmental Medicine, 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. Per Official Disability Guidelines, magnetic resonance arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. magnetic resonance imaging is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a magnetic resonance arthrogram be performed even with negative magnetic resonance imaging of the shoulder, since even with a normal magnetic resonance imaging, a labral tear may be present in a small percentage of injured workers. This worker has a diagnosis of shoulder osteoarthritis/rotator cuff tear/tendinitis/impingement. There is no indication that a labral tear or labral pathology is being considered. Therefore an magnetic resonance arthrogram is not indicated and is not medically necessary.