

Case Number:	CM14-0168954		
Date Assigned:	10/17/2014	Date of Injury:	03/25/2014
Decision Date:	11/19/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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:

This injured worker is a 57 year old female with a reported date of injury of March 25, 2014. The mechanism of injury is reported as slip and fall, causing multiple injuries, while performing the usual and customary duties of her occupation an instructional assistant. The diagnoses are indicated as unspecified disorder of joint of shoulder region, other tear of cartilage or meniscus of knee current, wrist sprain, sprain of neck and sprain lumbar region. The most recent primary treating physician's progress note, dated October 2, 2014, indicates the injured worker presented with complaint of constant and persistent right sided neck pain, activity dependent right shoulder pain that worsens with reaching and over the shoulder activities, constant left sided low back and buttock pain with intermittent radiation into the left leg and increasing depression secondary to ongoing pain. She underwent a PT re-evaluation on September 19, 2014 and was documented as having improved left knee range of motion and gain pattern with initial sessions of post op therapy. Physical exam revealed painful crepitus with passive range of motion in the right shoulder, tender to palpation and spasms of the right upper trapezius and levator, reduced cervical spine range of motion, reduced right shoulder range of motion, positive Kemp's and Gaensien's tests, negative straight leg raises and Dejerine's tests, sensation decreased in the left leg in L4-S1 dermatomes, motor strength five out of five in the upper and lower extremities. The injured worker was recommended for eight additional sessions of post op physical therapy and a referral to a psychologist secondary to her increased anxiety and depression. The injured worker is on modified duty with restrictions of no lifting >15 pounds, no over the shoulder work with right arm and no repetitive squatting/kneeling. A primary treating physician medical-legal report, dated September 17, 2014, indicates the injured worker was previously injured on April 02, 2009 and was performing her normal full, unrestricted job duties prior to the most recent injury. Complaints, as of this visit, include neck pain rated at seven to eight out of ten with

increase secondary to flexion and side bending of head and neck, right shoulder pain with popping and cracking sporadically, constant lower back pain greater on left than right with radiation to left buttock and intermittent pain and numbness in the lateral aspect of the left lower leg, left knee pain intermittently with improvement since left knee meniscectomy, increased knee pain with prolonged weight bearing and left hand pain intermittently involving the wrist, thumb, and lateral aspect of the hand. Only medication, as of this visit date, indicated as ibuprofen. The injured worker has undergone physical therapy since most recent injury. Physical examination revealed tenderness to palpation over the posterior cervical paraspinal, upper trapezius and levator scapulae musculature, right greater than left. Pain on palpation over the superior scapular border was noted. Cervical compression and maximal foraminal compression test was positive for neck pain and negative for arm pain. At this visit, the treating physician requested chiropractic therapy for eight sessions, MRI lumbar spine, MR arthrogram right shoulder and an orthopedic evaluation. An operative report, dated August 15, 2014, indicates the injured worker underwent a left knee arthroscopy with medial and lateral meniscectomy secondary to tear of the medial meniscus. A lateral meniscus anterior horn tear was revealed during the procedure and repaired. An MRI of the left knee, on May 16, 2014, revealed a tear of the posterior horn of the medial meniscus peripherally extending to the inferior articular surface. Prior utilization review denied requests for chiropractic therapy, twice weekly for 4 weeks to lumbar, neck, left wrist, right shoulder, and left knee QTY: 8.00, MRI lumbar spine QTY: 1.00 and MR arthrogram right shoulder QTY: 1.00 on September 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, twice weekly for 4 weeks to lumbar, neck, left wrist, right shoulder, and left knee QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. Per CA MTUS, chiropractic treatments are not recommended for knee or wrist joints however. In this case, there are no records of previous chiropractic / physical therapy progress notes; the number of visits and effectiveness of treatments the injured worker has received is unknown. Therefore, the medical necessity of the request is not established, based on the documentation and in accordance to guidelines. The request is considered not medically necessary.

MRI lumbar spine QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low BackShoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back

Decision rationale: According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI of the lumbar spine is recommended in chronic low back pain (after three months conservative treatment) with normal X-ray when neurological signs and symptoms are present; neck pain with radiculopathy if severe or progressive neurological deficits; chronic neck pain with radiographs show old trauma or spondylosis with neurological signs and symptoms present; chronic neck pain with radiographs show bone or disc margin destruction; in suspected cervical spine trauma with clinical findings suggestive of ligamentous injury (with X-ray / CT normal); known cervical spine trauma with equivocal or positive plain films with neurological deficits. In this case, the medical records do not meet the above criteria. Furthermore, there is little information is available as to the history of prior conservative treatments (i.e. PT). Therefore, the medical necessity of the requested service cannot be established per guidelines and due to lack of medical necessity.

MR arthrogram right shoulder QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

Decision rationale: The MTUS/ACOEM guidelines indicate that imaging may be considered where there are limitations due to constant symptoms have persisted more than 1 month or more in cases when surgery is being considered for a specific anatomic defect such as full thickness rotator cuff tear. Per ODG, the MRA is recommended for suspected labral tear and has been proven to be effective in determining the integrity of intra-articular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. In this case, the medical records do not document any clinical findings suggestive of labral tear or rotator cuff pathology (i.e. full thickness tears). Therefore, the request is not medically necessary per guidelines.