

Case Number:	CM14-0175715		
Date Assigned:	10/29/2014	Date of Injury:	12/23/1998
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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:

According to the provided documents, this is a 62 year-old woman with the date of injury on 12/23/98. She was injured after slipping on some ice and "whiplashed her head to the ground" per the P&S report from 10/12/99. She was originally treated for chronic cervical sprain and it was noted that the patient had pre-existing cervical spondylosis. An 8/15/2000 neurologic evaluation also discussed shoulder problems and impingement syndrome. There was a 3/21/01 orthopedic 2nd opinion that documented the injury as falling on the posterior aspect of the left shoulder upper back and head. Radiographs at that time showed type 1-2 acromion and AC joint degeneration. MRI was reportedly normal. Patient was felt to be P&S regarding the shoulder. Surgery was not indicated. She was to continue conservative treatment. This review will address request for MRI of the left shoulder, orthopedic consultation, and medication consultation addressed in utilization review determination from 9/30/14. That letter indicates that a Doctors 1st Report of Injury from 9/15/14 was received and that it demonstrates decreased range of motion of the anterior left shoulder, periarticular spasms of the C-4-5 and trapezius. There was note of degenerative joint disease in radiographs. There is no mention of what joints were involved. The patient was on regular work. Treatment included x-rays, ultrasound and chiropractic-physical rehabilitation. That Doctors 1st Report of Injury was not available for this review. There is a PR-2 from 9/29/14 from the requesting chiropractor that also requested an MRI of the shoulder and a new orthopedic consultation pursuant to the MRI. The report states that objective findings include "debridement and bone spur findings are interfering with the patient's ability to use the shoulder". She is also at light duty from other complications secondary to what appears to be industrial carpal tunnel syndrome". The diagnosis was sub-acute left shoulder sprain/strain. Treatment plan notes patient has multiple claims and that this is an extensive case. Work status did indicate full duty. There is a PR-2 from the requesting

chiropractor from 10/13/14 as well as a letter of the same date entitled Utilization Review Appeal both of which contain virtually identical information regarding rationale for appeal. The report states that the patient cannot be reevaluated by competent orthopedist without a new MRI. Examination stated that objectively the patient's carpal tunnel is being seen by another provider. There was shoulder mobility and range of motion loss, inability to use it in an overhead fashion. There is reproducible pain with cervical spine extension. Utilization of the upper extremities is vastly curtailed. There is no mention of what medications the patient is currently taking either over-the-counter or from any other providers. There is no mention of why this is being described as a subacute left shoulder sprain/strain since the injury is obviously chronic; if there was some recent incident that precipitated an exacerbation of flare-up of pain it is not mentioned in the provided documents. If there are recent radiographs of the shoulder were done the findings are not mentioned in the submitted documents.

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 Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC, Shoulder Procedure Summary last updated 08/27/2014

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

Decision rationale: ACOEM guidelines indicate that imaging studies are indicated with the emergence of a red flag such as concern for intra-abdominal or cardiac problems presenting as a shoulder problem; physiologic evidence of tissue insult or neurovascular dysfunction such as weakness from a massive rotator cuff tear, cervical root problems presenting as shoulder pain, edema, cyanosis or Reynaud's; failure to progress in a strengthening program or to clarify anatomy prior to an invasive procedure. In this case the only conservative treatment this patient appears to have received is chiropractic treatment. Therefore there has not been failure of conservative treatment although there is said to be reduced range of motion and difficulty reaching above shoulder level there is no clinical findings suggestive of a massive rotator cuff tear or red flag diagnosis. It is not clear at this point that the patient is a surgical candidate. Therefore, this clinical presentation does not support the requested MRI of the shoulder and this is not considered to be medically necessary based upon the evidence and the guidelines.

Medication Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain Procedure Summary last updated 09/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations page 127

Decision rationale: ACOEM guidelines indicate that consultations are indicated for determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. In this case the request is for assistance with therapeutic management regarding medications. Prescription of medications is acknowledged to be outside the scope of practice of the requesting chiropractor. Regardless, there is no mention that this patient is currently taking any over-the-counter medication or any mention of any failure of over-the-counter medication. Thus, it is not established that this patient requires prescription medication to treat her current complaints. Therefore based upon the evidence and the guidelines, this is not considered to be medically necessary.

Orthopedic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain Procedure Summary last updated 09/10/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations page 127

Decision rationale: Although this reviewer acknowledges that the information provided fails to support that the patient has a surgical lesion in the shoulder (which was the basis for the non-certification per the utilization review determination letter) there is new information available for this review particularly the 10/13/14 PR-2. Although that was specifically appealing the MRI the content of the report makes it clear that at this point the chiropractor is requesting therapeutic guidance, assistance with the diagnosis and recommendations for treatment from the orthopedist. As has been noted above, the scope of practice of the chiropractor is indeed limited and corroboration with an orthopedic surgeon at this point for purposes of assisting in the diagnosis and recommending treatment is appropriate and consistent with guidelines. Therefore this is considered to be medically necessary based upon the current information.