

Case Number:	CM14-0021956		
Date Assigned:	06/11/2014	Date of Injury:	10/24/2013
Decision Date:	07/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/21/2014

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 Nevada. 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 46-year-old gentleman injured on October 24, 2013. The mechanism of injury is noted as falling down while filming a commercial. The most recent progress note, dated March 28, 2014, indicates that there are ongoing complaints of headaches, neck stiffness, left shoulder pain, some blurry vision and difficulty concentrating. The physical examination demonstrated healing of multiple abrasions and contusions over the upper and lower extremities. There was cervical spine tenderness and slightly decreased cervical spine range of motion. There was tenderness over the left acromioclavicular joint, supraspinatus and posterior aspect of the left shoulder. Left shoulder range of motion was within normal limits. There was a positive impingement test. There was also tenderness over the dorsal aspect of the left wrist and slightly decreased left wrist motion. There was a normal neurological examination. Diagnoses consisted of post-concussion syndrome, intersegment dysfunction of the cervical spine, cervicogenic headache, left wrist sprain/strain, and left shoulder sprain/strain. There was a request for a neurological referral and for additional chiropractic treatments for the neck and back. A request had been made for a neurology consult, cervical spine chiropractic care, an MRI of the left wrist, and an x-ray of the left shoulder and was not recommended in the pre-authorization process on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURO CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7, Independent Medical Examinations and Consultations regarding referrals.

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), Independent medical examinations/referrals, Chapter 7, accessed online.

Decision rationale: The most recent examination of the injured employee, dated March 28, 2014, states that the injured employee is improving. Headaches were stated to have improved dramatically, and the injured employee has improved his activity level. There was also a normal neurological examination. Considering this, this request for a neurological consultation is not medically necessary American College of Occupational and Environmental Medicine (ACOEM) guidelines.

SIX (6) SESSIONS OF CHIROPRACTIC CARE FOR THE CERVICAL SPINE/THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The most recent medical record, dated March 28, 2014, states that the injured employee has had significant improvement in his headaches with the nine chiropractic treatments thus far, and his severe headaches have been eliminated. With such improvement, it is unclear what additional benefit could be gained from chiropractic care. Additionally, chiropractic care specifically for the neck is not mentioned in the Chronic Pain Medical Treatment Guidelines. Without additional justification, this request for additional chiropractic care is not medically necessary.

MRI OF THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Guidelines Forearm, Wrist, and Hand Indications for imaging--Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI.

Decision rationale: The injured employee has a nonspecific physical examination of the left wrist, and no prior plain radiographs of the left wrist were obtained. The Official Disability Guidelines (ODG) for MRI of the wrist states that routine radiographs should be obtained prior

to obtaining an MRI. This routine study should be obtained prior to considering an MRI of the left wrist. Therefore, this request for an MRI of the left wrist is not medically necessary.

X-RAY LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Guidelines Shoulder Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Radiography.

Decision rationale: On physical exam, the injured employee has full range of motion of the shoulder and nonspecific physical examination findings. The Official Disability Guidelines (ODG) recommends radiographs of the shoulder only for acute trauma. Additionally, the American College of Occupational and Environmental Medicine (ACOEM) recommends 4 to 6 weeks of conservative treatment prior to ordering radiographs. There was no documentation in the attached medical record of the injured employee undergoing physical therapy for the shoulder. Therefore this request for an x-ray of the shoulder is not medically necessary.