

<b>Case Number:</b>	CM14-0030879		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/23/2003
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 66-year-old male with a reported injury on 02/24/2003. The mechanism of injury was reported as the injured worker got his right arm stuck in front of the bucket of a backhoe causing immediate pain in his right shoulder. The clinical note dated 02/05/2014 reported that the injured worker complained of neck and bilateral shoulder pain. Upon physical examination, it was noted that the injured worker had painful restriction of range of motion of the right shoulder. The examination of the injured worker's left shoulder revealed positive signs of impingement. The injured worker's cervical spine demonstrated decreased range of motion with extension to 50 degrees, left lateral flexion to 25 degrees, and right lateral flexion to 10 degrees. The injured worker's diagnoses included rotator cuff syndrome, upper shoulder sprain/strain, cervical sprain/strain, cervical neuritis, lumbosacral sprain/strain, lumbar disc syndrome without myelopathy, and knee and leg sprain/strain. The provider requested chiropractic manipulation, MRI scan to bilateral shoulders, orthopedic consultation, and diagnostic studies. The rationale for the requested treatments was not provided within the clinical documentation. The request for authorization was submitted on 03/10/2014. The injured worker's prior treatments were not provided within the clinical documentation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eleven 11 chiropractic manipulations.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines-Regional Neck pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The Prospective request for 11 chiropractic manipulations is non-certified. The injured worker complained of neck and bilateral shoulder pain. The treating physician's rationale for chiropractic manipulation was not provided within the clinical documentation. The CA MTUS guidelines recommend manual therapy 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 patient's therapeutic exercise program and return to productive activities. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition and any significant functional deficits were not provided. There is a lack of clinical documentation indicating the rationale for chiropractic sessions. The request for 11 chiropractic sessions exceeds the Guideline recommendations for a trial of 6 visits over 2 weeks; as such, the request for eleven (11) chiropractic manipulations sessions is not medically necessary and appropriate.

**MRI scan of the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

**Decision rationale:** The injured worker complained of neck and bilateral shoulder pain. The treating physician's rationale for MRI of the bilateral shoulders is not indicated within the clinical documentation. The CA MTUS/ACOEM guidelines recommend a MRI if the injured worker's shoulders if there is a physical examination demonstrating rotator cuff tear, labral tears and adhesive capsulitis. The Official Disability Guidelines recommend magnetic resonance imaging (MRI) for an acute shoulder trauma, or a suspect rotator cuff tear/impingement. If the injured worker is over the age of 40; and/or normal plain radiographs. Indication for a MRI is if the injured worker has sub-acute shoulder pain, and/or suspect instability/labral tear. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition and any significant functional deficits indicating the need for an imaging study was not provided. There is a lack of clinical information indicating the rationale for a MRI to the injured worker's

bilateral shoulders. Furthermore, the Guidelines do not recommend a repeat MRI, stating that it should be reserved for significant changes in symptoms and/or findings per physical examination. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the request for MRI scan of the bilateral shoulders is not medically necessary and appropriate.

**orthopedic consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Surgery for rotator cuff repair.

**Decision rationale:** The injured worker complained of neck and bilateral shoulder pain. The treating physician's rationale for orthopedic consultation was not provided within the clinical documentation. The CA MTUS/ACOEM guidelines on referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.); activity limitation for more than four months, plus existence of a surgical lesion; failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The Official Disability Guidelines recommend referral for surgical consultation may be indicated for patients who have: Activity limitation for more than three months, plus existence of a surgical lesion; Failure of exercise programs to increase range of motion and strength of the musculature around the shoulder, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Red flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears are treated the same as impingement syndrome regardless of MRI findings. There is a lack of clinical evidence documenting the injured worker has had decreased range of motion or activity for greater than 4 months. There is a lack of clinical information indicating the injured worker's pain with range of motion was unresolved with physical therapy, home exercises, and/or NSAIDs. Furthermore, the requesting provider did not indicate the specific reason for orthopedic consultation. As such, the request for orthopedic consultation is not medically necessary and appropriate.

**Prospective request for Unknown updated diagnostic studies.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

**Decision rationale:** The injured worker complained of neck and bilateral shoulder pain. The treating physician's rationale for diagnostic studies was not provided within the clinical documentation. The CA MTUS/ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. The requesting provider did not indicate the specific diagnostic studies to be performed. There is a lack of clinical information indicating the rationale for repeat diagnostic studies. Furthermore, the requesting provider did not specify the location for the unknown diagnostic studies. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; therefore, the Prospective request for Unknown updated diagnostic studies is not medically necessary and appropriate.