

Case Number:	CM14-0035975		
Date Assigned:	06/23/2014	Date of Injury:	02/21/2013
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation 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 62 year old male who sustained injuries to his right shoulder and hip on 02/21/13 when he slipped and fell on a tile floor while carrying product. The injured worker sprained his right ankle, hit his head, neck, and right shoulder and he was transported to the emergency room and placed in a boot and provided medication. The treatment to date has also included chiropractic manipulation treatment, physical therapy, and shoulder injections. Electromyogram/nerve conduction studies of the bilateral upper extremities revealed mild right carpal tunnel syndrome. A magnetic resonance imaging of the cervical spine revealed degenerative disc disease at multiple levels and neuroforaminal narrowing at multiple levels. The injured worker also received acupuncture therapy for his right shoulder. It was reported that on 05/08/14, the injured worker sustained an exacerbation of his right hip symptoms. Since then, he has been on temporary total disability. The physical examination noted sensation reduced in the bilateral median nerve distribution; motor strength 5/5 in the bilateral upper extremities; reflexes 2+ throughout the bilateral upper extremities; Spurling's sign negative bilaterally. There was no recent detailed physical examination of the right hip. The injured worker was diagnosed with bilateral shoulder impingement syndrome and cervical spine strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3x4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: It was reported that the injured worker has received extensive medical treatment including an unspecified amount of chiropractic manipulation visits for the right shoulder to date. The Official Disability Guidelines recommend up to 9 visits over 8 weeks with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of chiropractic manipulation treatments. Therefore the request is not medically necessary.

Chiro 3x4 right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis.

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

Decision rationale: Chiropractic care is not a treatment of choice for trochanteric bursitis. The records indicate that the injured worker has received extensive conservative treatment for the right hip injury including an unspecified amount of chiropractic manipulation visits. The Official Disability Guidelines recommend a maximum duration of 10 visits of chiropractic manipulation treatment. There was no additional significant objective clinical information provided for review that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of chiropractic manipulation treatments. Therefore the request is not medically necessary.

Medrox Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The request for Medrox ointment is not medically necessary. The California Medical Treatment Utilization Schedule notes that the efficacy of topical analgesics is largely

experimental as there have been no substantive studies which document benefit. The records fail to quantify improvements in functional levels as the result of its use. As such the medical necessity has not been established.