

Case Number:	CM14-0054506		
Date Assigned:	09/12/2014	Date of Injury:	04/02/2009
Decision Date:	10/15/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; trigger point injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 28, 2014, the claims administrator failed to approve a request for MRI imaging of the shoulder, eight sessions of chiropractic manipulative therapy, an interferential unit, and a heating pad. The claims administrator invoked non-MTUS Third Edition ACOEM Guidelines in its decision to deny the interferential unit and a heating pad, mislabeling the same as originating from the MTUS. The applicant's attorney subsequently appealed. In a progress note dated July 20, 2014, the applicant reported persistent complaints of neck pain, shoulder pain, and low back pain, reportedly attributed to cumulative trauma at work. The applicant was on Ultram, Fexmid, and Prilosec, it was acknowledged. The applicant received trigger point injections in the clinic and was asked to obtain a shoulder corticosteroid injection. It was stated that the applicant had had a prior intraarticular shoulder corticosteroid injection in 2009 which was reportedly successful. The applicant was asked to continue manipulative therapy and physical therapy and return in four to six weeks. The applicant's work status was not clearly outlined. Right shoulder MRI imaging of April 14, 2014 was apparently performed, despite the adverse determination, and was notable for mild-to-moderate tendinosis, tenosynovitis, degenerative changes, and bursitis. In a March 17, 2014 progress note, the applicant reported multifocal complaints of shoulder, wrist, elbow, hand, low back, neck, and mid back pain with derivative allegations including abdominal pain, nasal congestion, generalized headaches, poor concentration, poor memory, sleep disturbance, and sexual dysfunction. The applicant was given prescriptions for Naprosyn, Prilosec, Flexeril, and

several topical compounded drugs. The applicant was placed off of work, on total temporary disability. Heating pad and interferential unit were apparently dispensed. The applicant was asked to obtain MRI imaging of the cervical spine, lumbar spine, shoulder, and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation The Official Disability Guidelines, Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine usage of shoulder MRI imaging for evaluation purposes without surgical indication is deemed "not recommended." In this case, the applicant did apparently undergo the shoulder MRI in question. Said shoulder MRI was essentially negative and revealed only low-grade degenerative changes, tenosynovitis, tendinitis, bursitis, etc. There was no indication that the applicant was intent on acting on the results of the shoulder MRI in question and/or any indications that the applicant was considering a surgical remedy involving the affected shoulder. Therefore, the request was not medically necessary.

Chiropractic right shoulder 2x4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of manipulative therapy for the shoulder, the body part at issue here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, manipulation by manual therapist has been described as effective for applicants with frozen shoulders. In this case, the applicant was described as having issues associated with a frozen shoulder on and around the date of the request, March 17, 2014. On that date, the applicant presented with diminished right shoulder range of motion with flexion and abduction to 110- to 120-degree range. There was no evidence that the applicant had had any manipulative treatment through that point in time. A trial of the same was therefore indicated. Therefore, the request was medically necessary.

Physical Therapy right shoulder 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Physical Therapy Page(s): 103. Decision based on Non-MTUS Citation ACOEM second edition, chapter 6 page 83, 113-114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 8,99 ,. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: The request in question does represent a renewal request for physical therapy as both the applicant's new primary treating provider and the claims administrator have acknowledged that the applicant had had physical therapy prior to the date of the request, March 17, 2014. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treating program in order to justify continued treatment. In this case, however, the applicant was off of work, on total temporary disability, despite having completed earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained highly reliant and highly dependent on other forms of medical treatment, including analgesic medications, trigger point injections, corticosteroid injections, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request was/is not medically necessary.

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic. Page(s): 120.

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of interferential stimulator device in applicants in whom pain is ineffectively controlled due to a diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants in whom provision of analgesic medications would be unwise owing to a history of substance abuse, in this case, however, there is no evidence that any of the aforementioned criteria are present here. The applicant was given several oral and topical medications on the date in question, March 17, 2014, including Naprosyn, cyclobenzaprine, tramadol, etc., effectively obviating the need for the interferential unit at issue. Therefore, the request is not medically necessary.

Heating pad: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 264- 266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, local applications of heat are "recommended" as methods of symptom control for applicants with shoulder complaints. In this case, the heating pad at issue does represent a simple, low-tech device which is supported as a method of symptom control for shoulder pain complaints by ACOEM. Therefore, the request is medically necessary.