

Case Number:	CM14-0059710		
Date Assigned:	07/09/2014	Date of Injury:	09/12/2009
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 available information, this is a 54-year- old woman who sustained injury on 9/12/09. There are accepted injuries to the shoulders, upper extremities, neck and upper and lower back. She has had surgery for the right shoulder arthroscopy subacromial decompression on 8/11/8 and 7/7/10 left shoulder arthroscopic subacromial decompression, Mumford, and rotator cuff debridement. The requesting document is a progress note-2 of 3/7/14. There was worsening of chronic neck pain. There are complaints of neck, left shoulder upper back pain with occasional numbness and tingling on the left arm. Objectively there was reportedly severe spasm of the left trapezius with range of motion of the neck limited. Slightly decreased bicep reflex left compared to the right. Motor was intact. Shoulder range of motion was reduced. Diagnoses were Cervicotrapezial sprain/strain and bilateral shoulder impingement. Treatment plan was chiropractic therapy for the neck times 8 sessions, physical therapy times 8 sessions left shoulder as the patient was said to progress. Medications were Naproxen 500 mg #60, Cyclobenzaprine 5 mg #60, and Lidoderm #30 for pain. Shoulder brace was requested (Accutex Shoulder Activator Brace).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definitions; Part 2 Page(s): 1; 58-59; 98-99.

Decision rationale: The Utilization review of 4/16/14 indicated it was concluded that it would be better for the physical therapist to address both the neck and the left shoulder therefore the chiropractic manipulation request was not medically necessary based on this agreement. This reviewer notes that the patient's neck pain was primarily on the left with spasm referring in the left shoulder which was markedly reduced in range of motion. It is very difficult to isolate trapezial neck pain from shoulder pain. In addition, MTUS guidelines criteria for treatment state that it should result in objective functional improvement. If the patient is seeing both the chiropractor and the therapist concurrently, it will not be possible to determine which particular treatment, if any, is helping. Additionally, having 2 different physical medicine treatments concurrently can result in conflicting information and independent self-treatment recommendation advice being given to the patient. While MTUS chronic pain guidelines do support chiropractic manipulative therapy for the lower back, they do not mention the neck at all and specifically state that it is not indicated for the shoulder therefore, based upon the available information in the guidelines, this request is not medically necessary.

Lidoderm QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: MTUS guidelines state that this can be used for localized peripheral pain after trial of first-line therapy such as a tricyclic, epinephrine reuptake anti-depressants, or an anti-epileptic. There is no documentation of neuropathic pain, patches (where they are to be applied), or failure of 1st line options even if there was no neuropathic pain documented therefore, based upon the evidence and the guidelines this request is not medically necessary.

Left Shoulder support brace (Accutex Shoulder Activator Brace): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

Decision rationale: MTUS guidelines do not support any particular proprietary brand of device. The requesting document does not indicate what the specific purpose of this brace is for the shoulder. ACOEM does not support shoulder immobilization for more than 1 to 2 days. Based on the evidence, which is insufficient in this case, and the guidelines this request is not medically necessary.

