

<b>Case Number:</b>	CM14-0060897		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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:

This 74-year-old patient had a date of injury on 3/25/2010. The mechanism of injury was throwing a large garbage bag. In a progress noted dated 3/26/2014, subjective findings included constant pain in the right shoulder, aggravated by performing internal rotation, abduction, or external rotation. He reports radiating pain from right shoulder into neck, and weakness of right shoulder as well as clicking, popping, or grinding sensations. Pain is 8 at worst and 7 at best. On a physical exam dated 3/26/2014, objective findings included moderate tenderness to palpation about the cervical spine and upper trapezius on the right. There was no tenderness to palpation along the acromioclavicular joints, biceps tendon grooves, supraspinatus deltoid complexes or rotator cuffs on the right or left. Diagnostic impression shows bilateral lumbar spine radiculopathy, right shoulder strain, right cervical radiculopathy. Treatment to date: medication therapy, behavioral modification, physical therapy, chiropractic treatment 2013 A UR decision dated 4/9/2014 denied the request for chiropractic therapy 3x4 right shoulder, stating the patient received chiropractic treatment in 2013, and there is no red flags or compelling rationale to substantiate medical necessity of initiating a new course of treatment at this time. Furthermore, the requested 12 sessions exceeds the CA MTUS chronic pain guidelines, and that the claimant should do just as well with a self-directed home exercise program. Functional capacity evaluation was denied, that there is no documentation or discussion if the claimant is currently employed, and there is no compelling rationale for a functional capacity evaluation for this 73-year-old man who is 4 years status post injury. Additionally, there is no discussion of previous attempts at conservative care of why he would wait 4 years before attempting conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 3 x 4 right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 48-49, Chronic Pain Treatment Guidelines Page(s): 62.

**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:** The California MTUS states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but chiropractic providers whose scope allows it routinely apply this procedure, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. In a progress note dated 3/26/2014, the patient is documented to have received chiropractic treatment in 2013. However, there was no discussion regarding the number of sessions, or objective functional gains sustained from previous treatment. Furthermore, there was no rationale provided to justify 12 sessions, when guidelines only support 2-3 initial sessions, until functional restoration is demonstrated. Lastly, the patient was noted to have received physical therapy sessions from 2010 to 2013, and it was not clear why the patient was not able to transition into a home exercise program. Therefore, the request for chiropractic sessions 3x4 for right shoulder is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 48-49.

**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) Chapter 7 Independent Medical Examinations and Consultations (pg 132-139).

**Decision rationale:** The California MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. In the progress report dated 3/26/2014, it was noted that the patient has not worked since 2010. Furthermore, there was no discussion provided regarding the

patient's plans for future employment, to justify a FCE. The purpose of the FCE is unclear in the reports reviewed. Therefore, the request for Functional capacity evaluation is not medically necessary.