MAXIMUS Federal Services

Case Number:	CM14-0095035		
Date Assigned:	07/25/2014	Date of Injury:	01/28/2013
Decision Date:	09/26/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49- year-old was reportedly injured on 1/28/2013. The mechanism of injury was not listed. The most recent progress notes, dated 5/30/2014 and 7/14/2014, indicate that there were ongoing complaints of neck pain and right shoulder pain. Physical examination demonstrated dermatome sensation intact and equal bilaterally, cervical range of motion decreased, and tenderness and spasm of the cervical paravertebral muscles. Foraminal compression caused pain bilaterally. Shoulder decompression caused pain bilaterally. Right shoulder range of motion had decreased. There was tenderness to palpation of the lateral shoulder and trapezius muscle, muscle spasm of the trapezius muscle and supraspinatus press showed normal findings. No recent diagnostic imaging studies available for review. Diagnoses: Cervical muscle ligamentous injury, cervical muscle spasm, and right shoulder sprain/strain/spasm. Previous treatment included six chiropractic visits. A request had been made for continuance of chiropractic care #18, x-ray of cervical spine, x-ray of right shoulder, and a referral to Functional Capacity Evaluation, which is not certified in the utilization review on 6/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Chiropractic Care QTY:18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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) ACOEM: Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Allied health interventions. (electronically cited).

Decision rationale: The Expert Reviewer's decision rationale:MTUS/ACOEM practice guidelines support the use of manual therapy and manipulation (chiropractic care) for neck pain as an option. Treatment guidelines recommend a trial of 3 treatments a week for 2 weeks with total treatments dependent on the response to therapy with substantial progression documented at each follow-up visit. Review, of the available medical records, fails to document a significant subjective or objective improvement in her pain or function with six chiropractic visits. Furthermore, there is no ongoing active rehabilitation program, which is required by guidelines. As such, this request is not medically necessary.

X-ray of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182,Chronic Pain Treatment Guidelines.

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) ACOEM: Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Diagnostic Investigations (electronically sited).

Decision rationale: The Expert Reviewer's decision rationale:MTUS/ACOEM practice guidelines support plain radiographs in patients with subacute or chronic neck pain when with red flags (e.g., dangerous mechanism of injury, age over 65 years, parenthesis in extremities) and not improving with conservative treatment. There are no red flags or neurological deficits documented on examination. Given the lack of clinical documentation, this request is not medically recommended.

X-ray of right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The Expert Reviewer's decision rationale:MTUS/ACOEM practice guidelines support plain radiographs of the shoulder in patients with acute, subacute, and chronic shoulder pain that has not improved with conservative treatment. Review, of the available medical records, documents right shoulder pain after an injury in January 2013. As such, this request is medically necessary.

Refer to Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

Decision rationale: The Expert Reviewer's decision rationale:MTUS/ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts, or if there is conflicting medical reporting on precautions, or if the patient's injuries are such that require a detailed exploration of the worker's abilities. The claimant has chronic neck and shoulder pain after an injury in January 2013. She fails to meet the guideline criteria for FCE, and this request is not medically necessary.