

<b>Case Number:</b>	CM14-0038695		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 27 year old male with an industrial injury dated 01/27/2014 when injured worker stretched the right arm out to break a fall resulting in lacerations to the right side of the forehead. His diagnoses include right shoulder strain/sprain, and closed head trauma without loss of consciousness (headaches). Recent diagnostic testing has included x-rays of the right shoulder (02/20/2014) which was negative for any acute abnormalities. Previous treatments have included conservative care and medications. In a progress note dated 02/20/2014, the treating physician reports constant mild to moderate right shoulder pain described as aching and sharp radiating to the right shoulder blade, right chest and right arm with a severity rating of 2-6/10, associated numbness and tingling, and constant moderate to severe headaches radiating over the right eye with a burning sensation over the right eye and right side of head. The objective findings on this examination were noted as intact cranial nerves, symmetrical reflexes in the upper extremities with normal sensation and motor strength, tenderness to palpation of the acromioclavicular joint and biceps tendon groove on the right, and decreased range of motion bilaterally with the right worse than the left. The treating physician is requesting 12 sessions of chiropractic treatment, a neurology consultation and a functional capacity evaluation, which were denied or modified by the utilization review. On 03/03/2014, Utilization Review modified a request for 12 sessions of chiropractic treatment (3 times per week for 4 weeks) to the right shoulder to the approval of 9 sessions of chiropractic treatment (3 times per week for 3 weeks) to the right shoulder, noting that the guidelines recommend limited amounts of chiropractic care for the cited diagnosis. The ODG Guidelines were cited. On 03/03/2014, Utilization Review non-certified a request for

neurological consultation, noting that the records indicate headaches closed head injury without loss of consciousness, and the lack of and focal neurological deficits or a thorough headache history. The ACOEM and ODG Guidelines were cited. On 03/03/2014, Utilization Review non-certified a request for functional capacity evaluation, noting the absence of documented failed attempts to return to work, lack of medical necessity to explore the injured worker's abilities, and that there was no reason that a detailed examination could not be used to track the injured worker's progress. No guidelines were cited for this decision. On 04/02/2014, the injured worker submitted an application for IMR for review of functional capacity evaluation, 12 sessions of chiropractic treatment (3 times per week for 4 weeks) to the right shoulder, and a neurological consultation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Functional Capacity Evaluation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** Regarding request for functional capacity evaluation, CA MTUS and ACOEM state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, ODG recommends that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that the patient is close to or at maximum medical improvement with case management hampered by complex issues as outlined above. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

**Chiropractic Treatment 3 times per week for 4 weeks to right shoulder #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, while a trial of 6 sessions may be appropriate, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines and, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested chiropractic care is not medically necessary.

**Neurological Consult:** Overturned

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

**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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for neurological consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has a history of head trauma with constant headaches said to be moderate to severe. As the thorough evaluation of headaches is outside of the scope of practice of the requesting provider, the consultation appears appropriate. In light of the above, the currently requested neurological consultation is medically necessary.