

<b>Case Number:</b>	CM15-0100999		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	12/28/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 57-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 28, 2013. In a utilization review report dated May 14, 2015, the claims administrator failed to approve a request for continued 'chiropractic physical therapy' - six sessions. MRI imaging of the left shoulder without contrast was also seemingly denied. The claims administrator referenced RFA forms and progress notes of March 31, 2015 and March 4, 2015 in its determination. The applicant's attorney subsequently appealed. On December 8, 2014, it was acknowledged that the applicant was off of work owing to multifocal complaints of neck, thumb, and bilateral shoulder pain. Chiropractic manipulative therapy, acupuncture, electrodiagnostic testing of the bilateral upper extremities, pain management consultation, and MRI imaging of the right shoulder following earlier right shoulder surgery were endorsed. The applicant was not working, it was acknowledged on this date. By April 27, 2015, the applicant transferred care to a new treating provider. Moderate-to-severe neck and bilateral shoulder pain were noted. The applicant had undergone earlier failed right shoulder surgery, it was reported. 6/10 to 7/10 pain complaints were reported. 18 sessions of physical and/or chiropractic therapy were sought, along with additional acupuncture and various topical compounded medications and oral suspensions. On April 30, 2015, the applicant again reported ongoing complaints of neck and bilateral shoulder pain, 7/10 to 9/10. MR arthrography of the right shoulder, electrodiagnostic testing of bilateral upper extremities, continued acupuncture, and left shoulder MRI imaging were sought while the applicant was placed off of work, on total temporary disability, for an additional six weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Chiropractic Physical Therapy 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual medicine Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Functional Restoration Approach to Chronic Pain Management Page(s): 59-60; 8.

**Decision rationale:** No, the request for continued chiropractic therapy and/or continued physical therapy was not medically necessary, medically appropriate, or indicated here. While pages 59 and 68 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability as of the date of the request, April 30, 2015, despite receipt of earlier unspecified amounts of physical therapy and chiropractic manipulative therapy through this point in time. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was off of work, on total temporary disability. Worsening severe neck and shoulder pain complaints were reported on multiple office visits, referenced above. Earlier physical and manipulative therapy, in short, had failed to generate any evidence of functional improvement as defined in MTUS 9792.20(e). Therefore, the request for continued chiropractic manipulative therapy and/or physical therapy was not medically necessary.

**MRI of the left shoulder without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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

**Decision rationale:** Similarly, the request for MRI imaging of the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the fact that MR arthrography of the right shoulder, non-contrast MRI imaging of the left shoulder, and electrodiagnostic testing of the bilateral upper extremities were concurrently ordered on April 30, 2015, and significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. The requesting provider was a chiropractor (DC), not a shoulder surgeon, further reducing the likelihood of the applicant's acting on the results of the study in question. Finally, there was neither an explicit statement (nor an implicit expectation) on April 30, 2015 to the effect that the applicant was intent on considering any kind of surgical remedy for either shoulder. Therefore, the request was not medically necessary.