

Case Number:	CM15-0105639		
Date Assigned:	07/17/2015	Date of Injury:	11/27/2013
Decision Date:	09/21/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 51 year old female who reported an industrial injury on 11/27/2013. Her diagnoses, and or impression, were noted to include: cervical spine Arnold-Chiari; thoracic spine strain; lumbar spine disc rupture; right and left shoulder strain; and other un-related problems. No current imaging studies of the shoulders were noted; x-rays of the left shoulder were done on 2/4/2015. Her treatments were noted to include an agreed medical examiner's supplemental report on 4/10/2015; medication management; and rest from work. The progress notes of 4/22/2015 reported complaints which included pain to the neck, entire back, and bilateral shoulders. Objective findings were noted to include tenderness to the entire spine and paraspinal muscles; painful range-of-motion in the lumbar spine; and that acupuncture and chiropractic treatments helped range-of-motion in the shoulders. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the left knee; an orthopedic consultation, chiropractic and acupuncture treatments for the spine and right shoulder; and pain management follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

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 ACOEM Chapter 9 on Shoulder indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support an MRI of the shoulder. There is no physical exam findings or documentation to support the request. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

Chiropractic 12 visits 2 times a week for 6 weeks, C/S, T/S, L/S, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: According to the MTUS section on manual therapy and manipulation, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. And initial trial of six visits over two weeks is advised. Further sessions, up to a total of 18 visits, is appropriate with evidence of objective functional improvement. The patient has previously undergone several sessions of chiropractic without documented objective functional improvement. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

Acupuncture 12 visits 2 times a week for 6 weeks, C/S, T/S, L/S, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. According to the documents available for review, the IW previously underwent several sessions of acupuncture without documented functional improvement. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

Pain management follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, office visits.

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

Decision rationale: The ACOEM Chapter 9 on shoulder indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the requested referral. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

Initial orthopaedic consultation C/S, T/S, L/S, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164 (NOT MTUS - not in PDF).

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

Decision rationale: The ACOEM Chapter 9 on Shoulder indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the referral. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.