

Case Number:	CM15-0166581		
Date Assigned:	08/28/2015	Date of Injury:	09/16/2014
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/25/2015

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, Florida, 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 injured worker is a 33 year old female who sustained an industrial injury on 9-16-14. Treatments include: medication, acupuncture and hand therapy. Progress report dated 6-25-15 reports increased pain in right arm and neck. She has pain in her elbow, wrist and shoulder. The shoulder wrist and neck pain are the worst. Diagnoses include: rule out right upper extremity radiculopathy and right upper extremity. Plan of care includes: request for spine surgery consultation and treatment for neck, rule out radiculopathy, request chiropractic treatment 12 visits for right upper extremity and request MRI of right shoulder. Work status: no heavy, forceful or repetitive use of right arm. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x12 sessions of the upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58, 59, 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 58 of 127.

Decision rationale: This claimant was injured over a year ago. As of June, there were reports of increased pain in right arm and neck. She has pain in her elbow, wrist and shoulder. The shoulder wrist and neck pain are the worst. Diagnoses included rule out right upper extremity radiculopathy and right upper extremity. The MTUS notes under manual therapy & manipulation: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare- ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Forearm, Wrist, & Hand: Not recommended. a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Past chiropractic outcomes are unknown. Also, upper extremity chiropractic is not supported. Finally, at most up to six sessions are supported to evaluate effectiveness. The request is not medically necessary.

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: As shared earlier, this claimant was injured over a year ago. As of June, there were reports of increased pain in right arm and neck. She has pain in her elbow, wrist and shoulder. The shoulder wrist and neck pain are the worst. Diagnoses include: rule out right upper extremity radiculopathy and right upper extremity. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately non certified, therefore is not medically necessary.

C-spine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, 2004, page 127.

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, page 127.

Decision rationale: As previously noted, this claimant was injured over a year ago. As of June, there were reports of increased pain in right arm and neck. She has pain in her elbow, wrist and shoulder. The shoulder wrist and neck pain are the worst. Diagnoses include: rule out right upper extremity radiculopathy and right upper extremity. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. It is not clear what objective pathology that cannot be management at a primary care level would require a specialist assessment. At present, the request is not medically necessary.