

Case Number:	CM15-0180373		
Date Assigned:	09/22/2015	Date of Injury:	01/17/2015
Decision Date:	12/28/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 52 year old male who sustained an industrial injury 01-17-15. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine sprain-strain, right shoulder rotator cuff tendinitis-bursitis, and lumbar spine sprain-strain with radicular complaints. Medical records (07-22-15) reveal the injured worker complains of low back pain traveling to the left buttocks with numbness in the right thigh, as well as right shoulder pain and decreased range of motion. The physical exam (07-22-15) reveals tenderness to palpation in the bilateral lumbar paravertebral musculature with muscle spasms. Prior treatment includes physical therapy, home exercises, chiropractic treatments, and medications including Naproxen, Norflex, Relafen, omeprazole, and cyclobenzaprine. The original utilization review (09-04-15) non certified the request for a MR Arthrogram of the right shoulder, and modified the requests for 8 sessions of chiropractic treatment each to the right shoulder, lumbar and cervical spines to 6 sessions for each body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic Resonance) arthrogram of the right shoulder, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: Arthrography.

Decision rationale: CA MTUS is silent on this topic. According to the ODG guideline, "Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. (Banchard, 1999) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears." The IW previously had an MRI without contrast of the shoulder that did not reveal a definite tear. The radiologist interpreting the MRI result recommends arthrogram if tear is suspected. The physical exam reveals ongoing shoulder pain and limited range of motion. As a tear was not definitively ruled out from the previous study, the recommendation is for a repeat study with contrast. As such, the request for a magnetic Resonance arthrogram of the right shoulder is medically necessary.

Chiropractic treatment for the right shoulder 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is unclear from the submitted documentation if this is first chiropractic therapy sessions or if this is a request for ongoing chiropractic care. Documentation does not clearly discuss the number of other physical medicine treatment or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. Previous pain medications were renewed without any mention of decreasing dosing or frequency. If this is a first request for treatment, guidelines support a trial of 6 visits over 2 weeks with evidence of functional improvements. If this is for ongoing care, guidelines do not recommend maintenance care. Rather, guidelines support fading of treatment frequency along with active self-directed home PT. There is no mention of a home therapy program in the records. The request for 8 chiropractic care exceeds the recommended 6 first time sessions and if it is ongoing, maintenance therapy are not recommended. The request for chiropractic treatment for the right shoulder 2 times a week for 4 weeks is not medically necessary.

Chiropractic treatment for the lumbar spine 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is unclear from the submitted documentation if this is first chiropractic therapy sessions or if this is a request for ongoing chiropractic care. Documentation does not clearly discuss the number of other physical medicine treatment or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. Previous pain medications were renewed without any mention of decreasing dosing or frequency. If this is a first request for treatment, guidelines support a trial of 6 visits over 2 weeks with evidence of functional improvements. If this is for ongoing care, guidelines do not recommend maintenance care. Rather, guidelines support fading of treatment frequency along with active self-directed home PT. There is no mention of a home therapy program in the records. The request for 8 chiropractic care exceeds the recommended 6 first time sessions and if it is ongoing, maintenance therapy are not recommended. The request for chiropractic treatment for the lumbar spines 2 times a week for 4 weeks is not medically necessary.

Chiropractic treatment for the cervical spine 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. It is unclear from the submitted documentation if this is first chiropractic therapy sessions or if this is a request for ongoing chiropractic care. Documentation does not clearly discuss the number of other physical medicine treatment or any measure of functional improvement resulting from these treatments. Other conservative treatments with the exception of medications are not included in the chart materials. Previous pain medications were renewed without any mention of decreasing dosing or frequency. If this is a first request for treatment, guidelines support a trial of 6 visits over 2 weeks with evidence of functional improvements. If this is for ongoing care, guidelines do not recommend maintenance care. Rather, guidelines support fading of treatment frequency along with active self-directed home PT. There is no mention of a home therapy program in the records. The request for 8 chiropractic care exceeds the recommended 6 first time sessions and if it is ongoing, maintenance therapy are not recommended. The request for chiropractic treatment for the cervical spines 2 times a week for 4 weeks is not medically necessary.