

Case Number:	CM15-0194706		
Date Assigned:	10/08/2015	Date of Injury:	10/03/2012
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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:

This 42 year old female sustained an industrial injury on 10-3-12. Documentation indicated that the injured worker was receiving treatment for cervical spine degenerative disc disease with herniated nucleus pulposus, thoracic spine degenerative disc disease, lumbar rule out herniated nucleus pulposus and right shoulder impingement syndrome. Recent treatment consisted of medication management. Magnetic resonance imaging cervical spine (6-26-15) showed multilevel disc desiccation. In a PR-2 dated 5-29-15, the injured worker complained of a two month history of increasing low back pain, vertigo, tripping and falling. In a PR-2 dated 7-14-15, the injured worker complained of increased stiffness, limited range of motion and decreased ability to perform activities of daily living as well as pain and discomfort with prolonged sitting and walking. In a neurology evaluation dated 8-28-15, the injured worker reported that she was unable to keep her balance or walk for long periods of time. The injured worker required use of a motorized cart when shopping due to back pain. The injured worker reported that she often tripped, needed to hold onto something and was unable to stand to cook for prolonged periods. The physician's impression was altered gait possibly due to low back pain and de-conditioning. The physician recommended strengthening exercises. In a PR-2 dated 9-16-15, the injured worker complained of an increase in right shoulder pain with radiation down the right arm, an increase in low back pain and moderate knee pain. Physical exam was remarkable for right shoulder with increased stiffness and positive Hawkin's and Neer's tests and cervical spine with spasms in the trapezius and rhomboids, positive Spurling's test, decreased range of motion and decreased sensation in the right C6 distribution. The treatment plan included a prescription for

Ambien, Norco and Soma, magnetic resonance imaging lumbar spine to rule out herniated nucleus pulposus, magnetic resonance imaging right shoulder to rule out rotator cuff tear, acupuncture twice a week for six weeks for the cervical spine and right shoulder and chiropractic therapy, massage twice a week for six weeks for the cervical spine and right shoulder. On 9-23-15, Utilization Review noncertified a request for magnetic resonance imaging right shoulder rule out rotator cuff tear, acupuncture cervical spine and right shoulder twice a week for six weeks and chiropractic therapy, massage for the cervical spine twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right shoulder (to rule out a rotator cuff tear): 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) Shoulder (updated 5/4/2015) shoulder; MRI, indications for imaging- Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2012. In May 2015 diagnoses included right shoulder impingement syndrome, thoracic outlet syndrome, right carpal tunnel syndrome, lumbar disc disease, and right patellofemoral pain. In July 2015 right shoulder range of motion was decreased at 90 degrees of flexion and abduction with internal rotation to L4. When seen in September 2015 he was having intense right shoulder pain radiating into the right arm. Physical examination findings included right shoulder range of motion which was now 180 degrees in flexion and 80 degrees in abduction with internal rotation to the hip. Impingement testing was positive. There was increased stiffness. Authorization was requested for a right shoulder MRI, acupuncture, and chiropractic/massage treatments for the shoulder. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, there is no history of acute trauma. The claimant's range of motion has overall improved since July 2015. There are no clinical findings or complaints of instability or labral pathology. Recent x-ray results are not reported. The requested MRI of the right shoulder is not medically necessary.

Acupuncture for the cervical spine and right shoulder, twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2012. In May 2015 diagnoses included right shoulder impingement syndrome, thoracic outlet syndrome, right carpal tunnel syndrome, lumbar disc disease, and right patellofemoral pain. In July 2015 right shoulder range of motion was decreased at 90 degrees of flexion and abduction with internal rotation to L4. When seen in September 2015 he was having intense right shoulder pain radiating into the right arm. Physical examination findings included right shoulder range of motion which was now 180 degrees in flexion and 80 degrees in abduction with internal rotation to the hip. Impingement testing was positive. There was increased stiffness. Authorization was requested for a right shoulder MRI, acupuncture, and chiropractic/massage treatments for the shoulder. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Chiropractic (massage) for the cervical spine and right shoulder, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Manipulation.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in October 2012. In May 2015 diagnoses included right shoulder impingement syndrome, thoracic outlet syndrome, right carpal tunnel syndrome, lumbar disc disease, and right patellofemoral pain. In July 2015 right shoulder range of motion was decreased at 90 degrees of flexion and abduction with internal rotation to L4. When seen in September 2015 he was having intense right shoulder pain radiating into the right arm. Physical examination findings included right shoulder range of motion which was now 180 degrees in flexion and 80 degrees in abduction with internal rotation to the hip. Impingement testing was positive. There was increased stiffness. Authorization was requested for a right shoulder MRI, acupuncture, and chiropractic/massage treatments for the shoulder. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, however, chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and not medically necessary.