

<b>Case Number:</b>	CM15-0199360		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial-work injury on 12-18-14. She reported initial complaints of left shoulder, neck, and chest wall pain. The injured worker was diagnosed as having left shoulder glenohumeral osteoarthopathy, calcific tendinitis of left shoulder, supraspinatus and infraspinatus, rule out rotator cuff pathology right shoulder, status post multiple surgeries, right shoulder, protrusion 1 mm C3-T1, cervical sprain-strain, and chest wall pain. Treatment to date has included medication, chiropractic treatment, surgery, aquatic therapy, physical therapy, injection, home exercise. MRI results were reported on 3-4-15 of the left shoulder notes severe osteoarthritic changes affecting the glenohumeral articulation with full thickness chondral loss with osseous remodeling and marked flattening of the humeral head with a large inferiorly-directed osteophyte ridge, minimal bone loss along the posterior glenoid, moderate-grade partial tearing of the supraspinatus at insertion site, and joint effusion with synovitis. Currently, the injured worker complains of left shoulder worsening pain with declining range of motion. Pain was rated 7 out of 10 to the left shoulder, 5 out of 10 to the right shoulder, 5 out of 10 cervical area, and 3 out of 10 to the chest wall. Medication included Hydrocodone 10 mg daily without side effects. Per the primary physician's progress report (PR-2) on 9-3-15, exam noted tenderness to the left shoulder, reduced range of motion, atrophy of the left deltoid musculature, and crepitation with motion. There is diffuse tenderness to right shoulder and reduced range of motion. There is tenderness to the cervical spine also with limited range of motion and no focal upper extremity neurological deficit. The Request for Authorization requested service to include Chiropractic care x6 for Left Shoulder, QTY: 6 and Urine

Toxicology. The Utilization Review on 9-8-15 denied the request for Chiropractic care x 6 for Left Shoulder, QTY: 6 and Urine Toxicology, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic care x6 for Left Shoulder, QTY: 6: Upheld**

**Claims Administrator 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 Chapter, Chiropractic Guidelines.

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

**Decision rationale:** The request is for 6 additional sessions of chiropractic therapy. The patient was previously authorized for an initial trial of chiropractic on 7/18/2015. However there is no evidence submitted that the initial sessions were completed. In addition, the patient's objective findings appear to be unchanged without evidence of improvement in pain or functional status. Without evidence of functional improvement, additional chiropractic is not warranted. Therefore this request is not medically necessary or appropriate.

#### **Urine Toxicology: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** This patient had a urine toxicology authorized on 7/7/2015. The most current medical records do not indicate any findings or suspicions of medication abuse/misuse and/or illicit drug use requiring a repeat urine toxicology 2 months after the last test. Guidelines recommend urine toxicology 1-2 times/year for patients such as this at low risk for drug abuse. Given the previous urine toxicology just 2 months prior to the present request, there is no rationale for the request. Therefore the request is not medically necessary or appropriate.