

Case Number:	CM15-0221033		
Date Assigned:	11/16/2015	Date of Injury:	06/30/2015
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Indiana, 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 37-year-old male, who sustained an industrial injury on 6-30-15. He reported upper back pain. The injured worker was diagnosed as having cervical sprain and strain, thoracic sprain and strain, and shoulder and upper arm sprain. Treatment to date has included an unknown number of physical therapy visits, acupuncture, and medication including Ibuprofen, Tylenol, and Cyclobenzaprine. Physical exam findings on 9-23-15 included positive right shoulder depression test and Apley's test. Myospasms were noted in the right rhomboid and levator scapulae region. A MRI of the right shoulder obtained on 10-9-15 was noted to be within normal limits. On 7-15-15, a physical therapist noted "therapist is discontinuing intervention secondary to the patient being unable to continue to progress toward goals and will no longer benefit from therapy." On 9-23-15, the injured worker complained of right shoulder and upper back pain. On 9-23-15, the treating physician requested authorization for chiropractic manipulation and physiotherapy 2x4 and a MRI of the right shoulder. On 11-2-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation and physiotherapy 2x a week for 4 weeks (RFA dated 9/23/15):
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 114.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The employee has had many sessions of physical therapy in the past, and on 7-15-15, a physical therapist noted "therapist is discontinuing intervention secondary to the patient being unable to continue to progress toward goals and will no longer benefit from therapy." Therefore, the request for additional physiotherapy and chiropractic manipulation is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)." Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). ODG states "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/ impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" The treating physician did not document a trial of conservative treatment in a patient older than 40 and his most recent physical exam did not show a positive impingement sign on the right shoulder. As such the request for is not medically necessary.