

Case Number:	CM15-0041637		
Date Assigned:	03/11/2015	Date of Injury:	08/07/2013
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 46 year old male who sustained an industrial injury on 08/07/2013. The mechanism of injury is documented as a fall from a ladder however initial complaints are not documented. Treatment to date includes shoulder arthroscopy/surgery (right) 01/10/2014. The injured worker presented on 02/04/2015 for follow up of right shoulder. The provider documents the right shoulder is painful and the clinical symptoms are in need of a brief course of rehab. Diagnosis was right shoulder trapezius sprain/strain. The provider requested authorization for a C-map "in an effort to provide us with an objective finding of what he can and cannot do post surgically in the right shoulder." Other requested treatments were consultation and chiropractic physical rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective- x-rays. done 12/4/15: Upheld

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

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

Decision rationale: The patient has already received massage therapy. The request for additional sessions is in excess of the 4-6 sessions recommended per the California MTUS. Therefore, the request is not certified. The ACOEM chapter on shoulder complaints states: For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. There are a few exceptions:-Stress films of the AC joints (views of both shoulders, with and without patient holding 15-lb weights) may be indicated if the clinical diagnosis is AC joint separation. Care should be taken when selecting this test because the disorder is usually clinically obvious, and the test is painful and expensive relative to its yield.-If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated.-Persistent shoulder pain, associated with neurovascular compression symptoms (particularly with abduction and external rotation), may indicate the need for an AP cervical spine radiograph to identify acervical rib. The provided clinical documentation for review does not meet criteria as set forth above for imaging studies of the shoulder and thus the request is not certified.

Chiropractic-physical rehabilitation times six: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care -Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-up- Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 6 sessions but the time frame is not defined. This does not meet criteria guidelines and thus is not certified.

Refer for CMAP to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address CMAP. The ODG states CMAP is not usually indicated since a detailed orthopedic exam can usually identify muscle strength deficits sufficient enough to tailor treatment and return to work. Therefore the request is not certified.

Medication consultation with in house medical doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The exact need for consult has not been specified in the provided clinical documentation or a documented failure of first line medications. Therefore the request is not certified.