

Case Number:	CM15-0083608		
Date Assigned:	05/05/2015	Date of Injury:	02/13/2013
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/01/2015

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

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 55 year old male, who sustained an industrial injury on 2/13/13. The injured worker has complaints of bilateral shoulder pain right greater than left. The documentation noted that the left shoulder had some tenderness. The diagnoses have included sprains and strains of unspecified site of shoulder and upper arm. Treatment to date has included injections; Norco and muscle relaxants for pain; magnetic resonance imaging (MRI) of the lumbar spine on 2/5/14 showed broad-based disc bulges at L2-3, L3-4 and L4-5; electromyography/nerve conduction study on 7/2/13 of the upper extremities found to be normal; electromyography/nerve conduction study on 7/7/13 of the lower extremities was essentially normal; right shoulder surgery on 2/13/13; physical therapy and acupuncture. The request was for magnetic resonance imaging (MRI) left shoulder date of service 8/14/13; chiropractic evaluation date of service 8/12/13 and patient education sessions date of service 8/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Shoulder (DOS 08/14/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 7th Edition (web) 2012 Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: This injured worker receives treatment for chronic pain involving both shoulders. This relates back to an industrial injury dated 02/13/2013. The patient has had multiple surgical interventions of the shoulders, including an arthroscopic replacement of the right shoulder. This review addresses a request for an MRI of the left shoulder. The ACOEM guidelines for MRI imaging of the shoulder place certain conditions for the study to be recommended. There should be clinical evidence on exam of limitations in shoulder function with evidence of clinical red flags. The documentation presented is not of the kind or the severity that would clearly indicate that a surgical intervention is either needed or pending. There is no documentation of any new work-related injury that would require an MRI of the left shoulder. An MRI of the left shoulder is not medically necessary.

Chiropractic Evaluation (DOS 08/12/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Chiropractic Manipulation.

Decision rationale: This injured worker receives treatment for chronic pain involving both shoulders. This relates back to an industrial injury dated 02/13/2013. The patient has had multiple surgical interventions of the shoulders, including an arthroscopic replacement of the right shoulder. This review addresses a request for a chiropractic evaluation. According to the ODG Treatment Guidelines, chiropractic sessions are not medically necessary to treat chronic shoulder pain, because clinical studies show only limited evidence to specifically recommend manipulation of the shoulders. A chiropractic eval is not medically necessary.

Patient Education sessions (DOS 08/30/2013): 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 Page(s): 114.

Decision rationale: This injured worker receives treatment for chronic pain involving both shoulders. This relates back to an industrial injury dated 02/13/2013. The patient has had multiple surgical interventions of the shoulders, including an arthroscopic replacement of the right shoulder. This review addresses a request for Patient Education sessions. The section on

pain and suffering in the post-operative period says that "if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the post-surgical physical medicine period." "Patient education regarding post-surgical precautions, home exercises, and self management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Based on these treatment guidelines, patient education beyond the instructions given within a physical therapy treatment plan is not medically necessary.