

<b>Case Number:</b>	CM15-0088113		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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:

The injured worker is a 56 year old male, who sustained an industrial injury on January 28, 2014. Several documents included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. He reported a left shoulder injury. The injured worker was diagnosed as having left shoulder rotator cuff tear with retraction, improved left elbow symptoms, stress, and sleep disturbance. Diagnostic studies to date have included an MRI. Treatment to date has included work modifications, physical therapy, a left shoulder steroid injection, and medications including pain and non-steroidal anti-inflammatory. On February 20, 2015, the injured worker complains of constant left shoulder pain, which is unchanged since the prior visit. The physical exam revealed stiffness and moves protectively. The left acromioclavicular joint, bicep tendon groove, and superior deltoid were tender. There was pain versus weakness of the shoulder, decreased range of motion with pain, and intact sensation. The treatment plan includes physical therapy and acupuncture. The requested treatment is an internal medicine consultation to evaluate for medical causes of anxiety. A report dated March 30, 2015 shows that the patient received a workup for general medical issues including having multiple lab tests requested. A progress report dated April 6, 2015 recommends an electrocardiogram for surgical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Internal medicine consultation to evaluate for medical causes of anxiety: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear how frequently the patient has complaints of anxiety, how frequently they manifest, if the patient has been instructed regarding stress reduction techniques, and what other treatments have been attempted for this issue. Furthermore, it appears the patient has recently seen a family practice doctor as well as one other general medical doctor. It is unclear why a follow-up appointment with either of these doctors would be unable to address the medical causes of anxiety. In the absence of clarity regarding those issues, the currently requested consultation is not medically necessary.

**Chiropractic care to the right shoulder (12 sessions, 3x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. ODG recommends a maximum of 9 visits of chiropractic care for treatment of the shoulder. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, it appears the patient is getting surgical clearance for shoulder surgery, making it unclear why additional chiropractic treatment would be indicated at the current time. Finally, the currently requested 12 sessions exceeds the maximum number recommended by guidelines for this patient's diagnoses. As such, the currently requested chiropractic care is not medically necessary.

**Psychological evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, it is unclear how frequently the patient has complaints of anxiety, how frequently they manifest, if the patient has been instructed regarding stress reduction techniques, and what other treatments have been attempted for this issue. In the absence of clarity regarding those issues, the currently requested psychological evaluation is not medically necessary.