

<b>Case Number:</b>	CM14-0184988		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant had a date of injury of 1/1/2011. The complaint is right shoulder pain. The requests are for retrospective x rays on 9/24/2014, retrospective exam 9/24/2014, six session of chiropractic physical rehabilitation therapy and MRI of right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective X-rays 9/24/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** ACOEM states that imaging for shoulder complaints, in the absence of red flag symptoms, is not indicated during the first 4-6 weeks of conservative care for a shoulder complaint. In this case, the claimant has no red flag findings and has not yet undergone a trial of conservative therapy for her active complaint and therefore x rays are not indicated.

**Retrospective exam 9/24/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MLN Matter, CMS guidelines, 2013.

**Decision rationale:** The submitted codes for initial medical examination were 99204, a new level 4 office visit, and 99354, an extended service. A 99204 includes a comprehensive history, comprehensive examination and decision making of moderate intensity. When billed by time alone, 99204 covers 45 minutes of face to face time with the patient. The extended service code 99354 is used for one hour of services provided beyond the usual service, in this case, the 45 minutes of the 99204. This time would not include other charged services, such as x rays, chiropractic therapy or manipulation, which are billed separately. When used together, these codes indicate that at least 1 hour and 45 minutes was spent in providing the described services to the claimant. The submitted medical records do not contain a comprehensive history or comprehensive examination nor do they document any time component, either for the 99204 service or the extended services code. The examination as billed is not medically necessary.

**Retrospective chiropractic -physical rehabilitation for six sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. ODG chiropractic guidelines allow for 9 visits over 8 weeks with fading treatment frequency and instruction in home therapy program for shoulder sprain/strain. The requested 6 sessions of chiropractic therapy are medically indicated.

**MRI of the right shoulder without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** ACOEM chapter on shoulder complaints describes that MRI is recommended for pre-operative evaluation of partial or full thickness rotator cuff tears. MRI is not recommended for routine investigation of the shoulder joint for evaluation without surgical indication. The submitted medical records do not describe a concern for rotator cuff tear and do

not indicate any current plan for surgical intervention. Any decision about the need for MRI should come from the orthopedic surgeon who, as of the submitted records, has not yet evaluated the claimant. Shoulder MRI is not currently medically indicated.