MAXIMUS Federal Services

Case Number:	CM15-0176750		
Date Assigned:	09/17/2015	Date of Injury:	05/23/2001
Decision Date:	11/12/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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

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 66-year-old female who sustained an industrial injury on 5-23-2001. Diagnoses have included left shoulder strain with impingement, status post-left shoulder surgeries on 5-29-2003 and 4-9-2003 with residual, left cervical strain with left cervical radiculopathy, and, right shoulder pain. Documented treatment includes surgeries, physical therapy with "previous positive results," and the physician noted that medication helps relieve pain 30 to 50 percent "depending on the days" and improves her participation in activities of daily living. She is noted to have been taking anti-inflammatories, Norco, and Menthoderm Topical cream. The injured worker is noted as wanting to avoid taking additional oral medication and is requesting a "conservative approach." On 7-16-2015, the injured worker reported continued pain in both shoulders and in her neck, with her neck symptoms being worse on the left side. The objective examination revealed cervical muscles showing slight spasm, more on the left; and, cervical range of motion with flexion being 80 percent of normal, extension 70 percent of normal, right lateral flexion 90 percent of normal, and left lateral flexion 80 percent. Spurling's sign was mildly positive on the left side and she had left scapular pain, while the right side was "negative." There were slightly positive impingement signs in both shoulders and the left shoulder range of motion was 90 degrees with both abduction and flexion, while the right shoulder abduction and flexion were up to 130 degrees. The treating physician's plan of care includes 6 sessions of bilateral shoulder and cervical chiropractic therapy to "help with symptoms and avoid additional increase in opioid medication and use", continuing Menthoderm topical cream stated to "be helpful with pain and improving the injured worker's functionality

and activities of daily living." Both requests were denied on 8-10-2015. The injured worker remains on disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatment of bilateral shoulders and cervical region, 2 x week x 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date for this 2001 injury. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not changed without functional restoration approach. The 6 chiropractic treatment of bilateral shoulders and cervical region, 2 x week x 3 weeks is not medically necessary and appropriate.

Menthoderm topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Menthoderm topical cream is not medically necessary and appropriate.