

Case Number:	CM15-0077143		
Date Assigned:	04/28/2015	Date of Injury:	06/18/2013
Decision Date:	05/26/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/22/2015

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: Arizona, 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 57 year old female who sustained an industrial injury on 06/18/2013. Current diagnoses include sprains and strains of neck. Previous treatments included topical medication, physical therapy, and acupuncture. Report dated 02/27/2015 noted that the injured worker presented with complaints that included chronic neck and upper extremity pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included requests for MRI's and chiropractic treatments. The physician noted that the injured worker has decreased range of motion and impingement signs in the shoulders. Disputed treatments include an MRI of the left and right shoulder, and chiropractic treatment, 12 sessions for the neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. Findings included bicipital groove findings. The MRI request of the left shoulder is not medically necessary.

Right shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

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

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. Findings were consistent with impingement findings which does not automatically warrant an MRI. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.

Chiropractic 12 sessions, neck and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. Initial response to 6 sessions is not noted to warrant a total of 12 sessions. Prior physical therapy aggravated symptoms indicating the claimant may not benefit from manipulation. As a result, 12 sessions of chiropractor therapy is not necessary.