

Case Number:	CM15-0079646		
Date Assigned:	04/30/2015	Date of Injury:	02/06/2015
Decision Date:	06/17/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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: Massachusetts

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:

This 62 year old female sustained an industrial injury via cumulative trauma from 2/6/14 to 2/6/15. X-rays of the cervical spine showed moderate to severe degenerative changes. X-rays of the left shoulder showed slight acromioclavicular degenerative joint disease. Right wrist x-rays were negative. X-rays of the lumbar spine showed minimal multilevel degenerative changes and retrolisthesis of L5 on S1. X-rays of bilateral hips showed slight cystic changes. In a Doctor's First Report of Occupational Injury dated 3/11/15, the injured worker complained of neck, left shoulder, right wrist, mid back, low back and bilateral hip pain. No previous treatment was documented. Physical exam was remarkable for cervical spine with decreased lordosis and tenderness to palpation, hypertonicity and guarding to the cervical spine musculature, lumbar spine with slightly decreased lordosis, tenderness to palpation with muscle guarding and hypertonicity over the lumbar spine paraspinal musculature, tenderness to palpation over the coccyx, positive left straight leg raise, positive left Gaenslen's test, positive left Yeoman's test, left shoulder with tenderness to palpation over the subacromial joint with positive impingement and Cross Arm Test, right wrist with tenderness to palpation over the dorsal capsule with increased pain upon range of motion and bilateral hips with tenderness to palpation over the greater trochanteric regions with positive Fabere's test. Sensation was decreased at the L5-S1 distribution. Motor exam revealed left shoulder with 4/5 strength in all planes of motion. Current diagnoses included cervical spine sprain/strain, left shoulder sprain/strain, left shoulder impingement, right wrist sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain with left lower extremity radiculitis and associated left sacroiliac joint sprain/strain,

coccygodynia, bilateral hip greater trochanteric bursitis, headaches and overall body pain. The treatment plan included requesting authorization for chiropractic therapy three times a week for four weeks, a neurologic consultation and a rheumatology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatologic consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a cumulative trauma work-related injury with date of injury of 02/05/15. She was seen on 03/11/15. She had not had prior treatment. Physical examination findings included multi joint tenderness. There was a positive left straight leg raise with decreased left lower extremity sensation. There was decreased strength affecting the left shoulder and lower extremity. She also had more widespread pain. Diagnoses included multilevel spine strains / sprains, greater trochanteric bursitis, shoulder impingement, left lower extremity radiculitis, and left sacroiliac joint pain. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing symptoms without identified diagnosis. Whether she has a condition such as fibromyalgia or other rheumatological explanation for her symptoms is unknown. Therefore, the requested consultation is medically necessary.

Chiropractic sessions 3x4 to the neck, low back and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 299, 203, 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

Decision rationale: The claimant has a cumulative trauma work-related injury with date of injury of 02/05/15. She was seen on 03/11/15. She had not had prior treatment. Physical examination findings included multi joint tenderness. There was a positive left straight leg raise with decreased left lower extremity sensation. There was decreased strength affecting the left shoulder and lower extremity. She also had more widespread pain. Diagnoses included multilevel spine strains / sprains, greater trochanteric bursitis, shoulder impingement, left lower extremity radiculitis, and left sacroiliac joint pain. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In

this case, the number of treatment sessions requested is in excess of the guideline recommendation. Additionally, the results of the consultations requested would be useful in determining her treatments and goals. Therefore, the request was not medically necessary.