

Case Number:	CM15-0092417		
Date Assigned:	05/19/2015	Date of Injury:	06/19/2014
Decision Date:	06/19/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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: North Carolina
 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 27 year old male, who sustained an industrial injury on 6/19/2014. He reported a fall from approximately 11 feet, with loss of consciousness. The injured worker was diagnosed as having status post blunt head injury with loss of consciousness, resolving facial laceration, cervical musculoligamentous sprain/strain with radiculitis, cervical spine discogenic disease, left shoulder sprain/strain, rule out left shoulder rotator cuff tear, left wrist sprain/strain, left wrist tenosynovitis, left hand sprain/strain, left knee sprain/strain, rule out left knee internal derangement, and insomnia. Treatment to date has included diagnostics, medications, unspecified amount of completed chiropractic to date, and physical therapy. Currently, the injured worker complains of headaches, as well as pain in the neck and left shoulder. His headaches were rated 3/10 and decreased from 4/10 in the prior visit. His neck and left shoulder pain remained rated at 4/10. Exam of the cervical spine noted 2+ palpable spasm, restricted range of motion, and positive cervical compression test. Exam of the left shoulder noted restricted range of motion and positive impingement test. He stated that pain level was unchanged since last visit and he has not received medications. The treatment plan included a referral for pain management consultation and chiropractic (2 x 6) to the cervical spine and left shoulder. His work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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. A referral may be for: 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing complaints of ongoing pain that have failed treatment by the primary treating physician. Therefore criteria for a pain management consult have been met and the request is medically necessary.

12 chiropractic sessions for the left shoulder and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines, Shoulder, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from guidelines state that the time to produce effect is in 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for greater than 6 sessions. This does not meet criteria guidelines and thus is not medically necessary.

