

Case Number:	CM14-0140869		
Date Assigned:	09/10/2014	Date of Injury:	07/09/2014
Decision Date:	10/06/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 60 year old housekeeper who has developed persistent cervical and shoulder discomfort with a date of injury of 7/9/14. The medical documentation notes that she has had pain affecting these areas long before her reporting and evaluation. Her diagnosis includes cervical sprain and bilateral shoulder impingement. No radiculopathy is noted and no adhesive capsulitis is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MEDICINE CERVICAL SPINE AND BILATERAL SHOULDERS

3X4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: MTUS Guidelines supports a limited trial of 6 session chiropractic prior to any extension of this treatment approach. The request significantly exceeds Guideline recommendations and there are no unusual circumstances that justify an exception. The request for chiropractic medicine 3 X's a week for 4 weeks is not medically necessary.

INTERFERENTIAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tens Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 120.

Decision rationale: MTUS Guidelines support the use of an interferential unit only under very specific conditions. There has to be a failure of a reasonable trial or oral analgesics, there has to be successful application by a licensed health care provider, and there has to be a successful 30 day trial prior to purchase and longer term use. None of the Guideline recommended conditions have been met and there are no unusual circumstances to justify an exception to Guidelines. The inferential unit is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION CERVICAL SPINE AND BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluations. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 137, 138.

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.

CONSULTATIONS PSYCHOLOGY 1X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological eval Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 24.

Decision rationale: MTUS Guidelines do support the use and evaluation of other specialists when a condition is beyond the expertise of the treating health care provider. However there are standards of care that need to be met as part of a referral. A reasonable medical history and evaluation is a MTUS Guideline standard of care prior to referrals. The treating physician provides no details of symptoms, severity, or history to support the requested referral. The requesting physician does not provide adequate information to consider the referral for a Psychology evaluation to be medically necessary.

MOTORIZED COLD THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Cold Packs, Knee, Continuous Cryotherapy.

Decision rationale: MTUS and ODG Guidelines recommend the local application of cold packs short term and then the application of heat. In addition, ODG Guidelines specifically address the use of a motorized continuous cold device and note that it is recommended for up to 7 days maximum and then only after specific major orthopedic surgery. This patient does not meet any of these conditions. The motorized cold unit/therapy is not medically necessary.