MAXIMUS Federal Services

Case Number:	CM14-0141956		
Date Assigned:	09/18/2014	Date of Injury:	10/17/2011
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
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 Internal 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:

The patient is an injured worker with derangement of joint right shoulder, spasm of muscle right shoulder, right shoulder pain, sleep disturbance, anxiety, depressive disorder, elevated blood pressure reading, displacement of cervical intervertebral disc without myelopathy, spasm of muscle. Date of injury was 10-17-2011. The patient had previously failed chiropractic therapy. The patient previously underwent physical therapy, chiropractic treatment, medications, acupuncture, and shock-wave therapy. The patient is status post rotator cuff surgery. Mechanism of injury was reaching overhead, injuring her right shoulder. Progress note dated 08/01/14 revealed patient presented with complaints of constant moderate dull, achy neck pain, aggravated by looking up, looking down, and turning. Patient complains of severe dull, achy, sharp right shoulder pain, stiffness weakness, associated with the reaching, pushing and pulling repetitively. Pain severity is 7/10. There is complaints of loss of sleep due to pain. Patient suffers from depression, anxiety, and irritability. Physical examination revealed decreased and painful range of motion. There is tenderness to palpation of the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Shoulder depression is positive on the right. Cervical compression is positive. There were findings of the right shoulder consistent with surgery 03/11/13. Range of motion is decreased and painful. There is tenderness to palpation of the anterior shoulder and posterior shoulder. Progress report dated 7/10/14 document the medications Naproxen 550 mg, Omeprazole, Orphenadrine, and Hydrocodone/APAP 10-325 mg. Utilization review determination date was 8/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MD consult with [redacted] or any other [redacted] provider forpain medication and urine screen to rule out meds toxicity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Chapter - Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75,Chronic Pain Treatment Guidelines Drug testingOpioids, criteria for useOpioids, pain treatment agreementOpioids, steps to a. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. MTUS Chronic Pain Medical Treatment Guidelines address drug testing. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Medical records document the derangement of right shoulder joint, spasm of muscle right shoulder, right shoulder pain, sleep disturbance, anxiety, depressive disorder, elevated blood pressure, displacement of cervical intervertebral disc without myelopathy, and spasm of muscle. Medications include Naproxen 550 mg, Omeprazole, Orphenadrine, and Hydrocodone/APAP 10-325 mg which is an opioid controlled substance. The primary treating physician is a [redacted] chiropractor and is not licensed to prescribe medications. Therefore, a M.D. consultation is necessary for prescription medication management.Therefore, the request for MD consult with [redacted] or any other [redacted] provider forpain medication and urine screen to rule out meds toxicity:is medically necessary.

Chiropractic, four (4) visits (1x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Manual therapy & manipu.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181,Chronic Pain Treatment Guidelines Chiropractic treatmentManual therapy & manipulation Page(s): 30, 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. Per MTUS guidelines, chiropractic treatment, manual therapy and manipulation are not recommended for carpal tunnel syndrome, forearm, wrist, hand, knee, ankle, or foot conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in workers' compensation populations. There is insufficient evidence to support manipulation of patients with cervical radiculopathy.Medical records document that the patient previously underwent chiropractic treatment, physical therapy, acupuncture, and shock-wave therapy. Date of injury was 10-17-2011. Progress report dated 8/1/14 requested chiropractic, but did not specify the body part. Cervical spine range of motion was normal. There was no documentation of functional improvement with past chiropractic treatments. The medical records do not support the medical necessity of chiropractic treatments.Therefore, the request for Chiropractic, four (4) visits (1x4)is not medically necessary.

Transportation for all doctors and therapy appointments with [redacted] provider: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter - Transportation to and from meedical appointments

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Transportation (to & from appointments)

Decision rationale: Medical Treatment Utilization Schedule (MTUS)) Chronic Pain Medical Treatment Guidelines (Page 51) addresses home health services. Home health services are recommended only for medical treatment for patients who are homebound. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Official Disability Guidelines (ODG) state that transportation to and from appointments is recommended for medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport.Medical records do not document impaired locomotion. The patient is not homebound. No disabilities preventing self-transport is documented. Transportation is not a medical treatment. Medical records do not support the medical necessity of transportation to and from appointments.Therefore, the request for Transportation for all doctors and therapy appointments with [redacted] provideris not medically necessary.