

Case Number:	CM13-0017844		
Date Assigned:	06/06/2014	Date of Injury:	10/19/2012
Decision Date:	07/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/28/2013

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 Orthopedic Surgery 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 injured worker is a 54-year-old female who reported an injury on 10/19/2012. The mechanism of injury was not provided. On 04/11/2014, the injured worker presented with continued weakness and states that she was slowly getting better with some improvement from physical therapy. She reported muscle spasms. Upon examination of the left shoulder, the range of motion values were 120/130/27, with spasms noted. The diagnoses were rotator cuff tear of the left shoulder and status post repair subacromial decompression with debridement. The prior therapies included surgery, physical therapy, and medications. The provider recommended ongoing physical therapy along with chiropractic treatment. The provider's rationale was not provided. The Request for Authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 58 Page(s): 58.

Decision rationale: The request for chiropractic therapy 2 times per week times 6 weeks for the left shoulder is non-medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. 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 injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The provider's request for chiropractic therapy 2 times per week times 6 weeks exceeds the guideline recommendations. As such, the request is not medically necessary.

ADDITIONAL PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98 Page(s): 98.

Decision rationale: The request for additional physical therapy 2 times per week times 6 weeks for the left shoulder is not medically necessary. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Furthermore, the amount of physical therapy visits that have already been completed for the left shoulder was not provided. Injured workers are also instructed and expected to continue active therapies at home as an extension of the treatment process. There was a lack of documentation of objective findings impacting the injured worker's functionality sufficient to require further supervised therapy. As such, the request is not medically necessary.