

Case Number:	CM13-0028562		
Date Assigned:	11/27/2013	Date of Injury:	07/22/2010
Decision Date:	02/10/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 applicant has filed a claim for chronic shoulder pain reportedly associated with industrial injury of July 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, unspecified amounts of physical therapy; rotator cuff repair surgery; unspecified amounts of physical therapy and acupuncture; six sessions of chiropractic manipulative therapy, per the claims administrator; and work restrictions. In a utilization review report of September 5, 2013, the claims administrator denied request for chiropractic manipulative therapy, citing non-MTUS ODG Guidelines. An H Wave home care system was also denied. In a July 31, 2013 progress note, it is stated that the applicant reports 4/10 shoulder and neck pain. Fairly well preserved shoulder range of motion is noted with flexion and abduction in the 140- to 155-degree range. The applicant states that previous usage of an H-Wave device alleviated his symptoms. Chiropractic manipulative therapy is again sought. Another rental of the H-Wave device is also sought. A rather proscriptive 10-pound lifting limitation is endorsed. On May 22, 2013, the applicant was again given a 10-pound lifting limitation. On June 26, 2013, the applicant was once again given a 10-pound lifting limitation. On this date, it was stated that the applicant had plateaued with chiropractic manipulative therapy. Abduction and flexion were in the 135- to 150-degree range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy times four (4) for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of manipulation for the shoulder. As noted in the MTUS-Adopted ACOEM Guidelines, manipulation by manual therapy has been shown to be effective for applicants with frozen shoulders. However, the period of treatment is limited to a few weeks because results diminish with time. Thus, on balance, a four-session course of treatment was indicated and appropriate. The applicant did ultimately plateau with said treatment. The applicant's primary treating provider, a chiropractor, appropriately discontinued the manipulation after it had been deemed ineffectual. Nevertheless, a four-session course of manipulative therapy was indicated given the applicant's low-grade shoulder symptoms and loss of motion appreciated on multiple visits referenced above. Therefore, the original utilization review decision is overturned. The request is certified.

H-Wave unit times thirty (30) days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

Decision rationale: As noted by the applicant's primary treating provider, he has had a prior trial of an H Wave device. Trial periods of more than one month, however, per page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, should be justified by documentation submitted for review. In this case, however, the documentation on file does not establish any compelling evidence of functional improvement as defined by the parameters established in MTUS 9792.20f following completion of the prior rental of the H-Wave device. The applicant has seemingly failed to return to work. The applicant's work status and work restrictions were unchanged from visit to visit. A rather proscriptive 10-pound lifting limitation was renewed on multiple visits. The applicant was asked to consult his shoulder surgeon to obtain a shoulder injection. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f during the prior H-Wave trial. Therefore, the request is not certified