

Case Number:	CM13-0034026		
Date Assigned:	06/06/2014	Date of Injury:	12/16/2011
Decision Date:	07/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/04/2013

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 licensed in Chiropractor and is licensed to practice in Texas. 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 43 year old female who was a retail sales associate when she reported falling off of a 6-foot tall ladder while arranging merchandise and landing on the floor on December 16, 2011. She reported "pain" unspecified, and the next day was diagnosed with anxiety and migraine. In January of 2012 she was examined and provided with unknown medication and referred for 12 sessions of physiotherapy and 6 sessions of acupuncture. She had an MRI of the left shoulder, neck and lower back, date and results unknown. In August of 2012 she was referred for an additional 12 sessions of physiotherapy. In November 2012 she was referred for 15-20 sessions of chiropractic and physiotherapy modalities. Although specifically not recommended, she underwent a left shoulder diagnostic arthroscopy, Glenohumeral debridement, synovectomy and subacromial decompression on May 16, 2013. Due the post surgical development of adhesive capsulitis, she then underwent a manipulation under anesthesia. Her current complaints include headache, neck pain with turning and bending of the neck, lower back pain with physical activities such as turning, bending, lifting, pushing, pulling, sitting, standing and sleeping, "right hip and leg occurs walking over 20 minutes and beyond". She has bilateral tenderness of cervical and upper paraspinal muscles, tenderness of left shoulder A/C joint, tenderness of right hip greater trochanter bursa, and hypomobile C5/C6/C7 and T1 spinal levels. Orthopedic tests were positive for left shoulder impingement syndrome, negative disc compression and distraction for cervical pathology, negative Phalen's test bilaterally for carpal tunnel syndrome (CTS), negative Tinel's test of median nerve, radial nerve and ulnar nerve for impingement and entrapment of the nerve into upper extremity such as CTS, negative straight-leg-raise and Patrick Faber test right was positive for hip pathology. There was no request for authorization or rationale found in the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSIOTHERAPY 3XWK X 3WKS CERVICAL, LUMBAR, RIGHT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Manual Therapy and Manipulation.

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

Decision rationale: The injured worker is a 43 year old female who reported falling off of a ladder in the store where she was employed as a sales person on December 16, 2011. In January and again in August of 2012 she attended physical therapy. In November of 2012 she was given 15-20 sessions of chiropractic. Other than her left shoulder, what other body parts were treated is unknown. She underwent a subacromial decompression on May 16, 2013 and a subsequent manipulation under anesthesia for adhesive capsulitis. A preponderance of the submitted data refers to her left shoulder involvement. The California MTUS Manual Therapy and manipulation guidelines recommend manipulation for chronic pain if caused by musculoskeletal conditions. For low back a trial of six visits over two weeks with evidence of objective functional improvement and a total of up to 18 visits over six to eight weeks. It is not recommended for the forearm, wrist hand or knee. The maximum duration is noted to be eight weeks. Care beyond eight weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function decreasing pain and improving quality of life. In these cases treatment may be continued at one treatment every other week until the patient has reached plateau and maintenance treatments have been determined. This injured worker has already surpassed the allowable number of chiropractic visits and the time frame for manipulative therapy. In addition, there is a lack of documentation of significant functional deficits on physical examination of the cervical spine, lumbar spine and right hip to warrant the need for formal therapy. For these reasons this request for chiropractic/physiotherapy 3 times a week for 3 weeks cervical, lumbar, right hip is not medically necessary.