

Case Number:	CM13-0035631		
Date Assigned:	01/24/2014	Date of Injury:	10/02/1999
Decision Date:	03/25/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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. 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 is a male patient with a date of injury of 10/2/99. A utilization review determination dated 9/26/13 recommends modification of 12 chiropractic/physiotherapy visits to left shoulder to 2 visits. A progress report dated 8/19/13 identifies subjective complaints including pain 5/10 with medications and 8-9/10 without. Objective examination findings identify positive 90 degree crossover impingement test, positive Apley's and Hawkins' tests, weak abduction against resistance with pain radiating to the front of the shoulder in the area of a supraspinatus tendon. Diagnoses include DDD cervical and lumbar spine, RCT left shoulder, CTS bilaterally, OA right shoulder, cubital tunnel syndrome left, s/p total right shoulder arthroplasty, s/p C4-5 surgery, and s/p left shoulder arthroscopy. Treatment plan recommends chiropractic/physiotherapy for left shoulder 12 sessions, subacromial corticosteroid injection left shoulder, and drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy sessions, three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does support the use of manipulation and manual therapy in the management of some musculoskeletal conditions, but they do not specifically address the shoulder. The Official Disability Guidelines (ODG) does recommend manipulation for sprains and strains of the shoulder, noting that it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated and they recommend up to 9 visits over 8 weeks. The current request for 12 sessions of chiropractic/physiotherapy exceeds guideline recommendation. The request for chiropractic/physiotherapy sessions, three times a week for four weeks to the left shoulder is not medically necessary and appropriate.