

Case Number:	CM13-0045915		
Date Assigned:	12/27/2013	Date of Injury:	12/31/2012
Decision Date:	03/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation 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 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:

The patient is a 35-year-old female who reported injury on 12/31/2012. The mechanism of injury was noted to be the patient was cleaning an assembly line and moving bins, when the bins fell on top of her, landing on her back and left shoulder. Each bin weighed approximately 300 pounds. The patient had decreased range of motion in the lumbar spine, cervical spine, and left shoulder. The patient had 25 sessions of physical therapy and 1 session of chiropractic, as well as 12 sessions of acupuncture therapy. The patient's diagnosis was noted to be shoulder impingement syndrome, shoulder internal derangement, and lumbar disc protrusions. The treatment plan was noted to include conservative chiropractic treatment; 6 trial visits for the lumbar spine and left shoulder; pain management consultation; orthopedic consultation; and follow-up in 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 1 time a week times 2 weeks for the left shoulder and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, Low Back Chapter and Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy. Page(s): 58-59.

Decision rationale: California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment beyond 4-6 visits should be documented with objective improvement in function. Clinical documentation submitted for review indicated the patient had previously been treated with 25 sessions of physical therapy, as well as 1 session of chiropractic treatment. There was a lack of documentation indicating the patient's functional benefit received from the previous therapies. There was a lack of documentation indicating a necessity for continued treatment of 2 visits for the left shoulder and lumbar spine. Given the above, the request for chiropractic/physiotherapy 1 time a week x2 weeks for the left shoulder and lumbar spine is not medically necessary.