

Case Number:	CM13-0056463		
Date Assigned:	12/30/2013	Date of Injury:	12/28/2011
Decision Date:	03/31/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in Pain Medicine 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 submitted documentation indicated on 07/24/2013, the patient was a 34-year-old male; however, the patient's date of birth was not provided. The mechanism of injury was noted to be the patient was lifting objects in the trunk of his vehicle. The patient underwent arthroscopic surgery to the left shoulder on 06/29/2012. The patient was noted to have pain of a 9/10 in his shoulder. The patient was noted to have undergone postoperative physical therapy with the use of ice and treatments and was utilizing Vicodin and Motrin for pain with limited benefit. The patient's diagnosis was noted to be pectoralis tendinosis, status post pectoralis musculotendinous strain, and status post left shoulder arthroscopic repair. The physician opined the patient may have an old strain of the pectoralis tendon near its insertion onto the humerus and had residual pain due to scarring. Additionally, the physician indicated the patient failed conservative management and was not a surgical candidate. There were no other notes submitted for review. The physician opined the patient should have a platelet rich plasma injection in the region under ultrasound guidance and chiropractic care, specifically for active release as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks on the left shoulder: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines indicate that physical medicine treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had prior physical therapy. There was a lack of documentation of objective functional deficits to support therapy. There was a lack of documentation indicating the functional benefit the patient received from prior physical therapy as he had postoperative physical therapy in 2012. Additionally, the patient should be well versed in a home exercise program. Given the above, the request for physical therapy 2 times a week for 6 weeks on the left shoulder is not medically necessary.

Chiropractic with active release technique 2 times per week for 6 weeks to the left shoulder: 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 Manual Therapy Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Manipulation.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if it is caused by musculoskeletal conditions. However, they do not address manual therapy for the shoulder. As such, secondary guidelines were sought. Per Official Disability Guidelines, manipulation for sprains and strains of the shoulder and upper arm are recommended. It is recommended for 9 visits over 8 weeks and to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home therapy. The clinical documentation submitted for review failed to provide prior treatments the patient had participated in and the patient's functional benefit that was received from therapy. There was a lack of documentation indicating a necessity for 12 sessions for the left shoulder. Given the above, the request for chiropractic with active release technique 2 times per week for 6 weeks to the left shoulder is not medically necessary.