

Case Number:	CM13-0066694		
Date Assigned:	06/09/2014	Date of Injury:	12/13/2011
Decision Date:	08/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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:

This is a 41-year-old male with a 12/13/11 date of injury to his right shoulder. He underwent a SLAP repair in 2012 and manipulation under anesthesia (MUA) on 1/24/13 with post operative physical therapy. The MUA did not improve the patient's range of motion significantly so he underwent more physical therapy in the spring of 2013. The patient was seen on 11/26/13 with complaints of right shoulder pain. The exam findings revealed mild decrease in range of motion in abduction to 120 degrees, flexion to 180 degrees and extension to 60 degrees. Finkelstein's and thoracic outlet syndrome tests were positive bilaterally, and Grind test is positive on the right. The diagnosis is adhesive capsulitis. The treatment to date: MUA right shoulder 2013, postoperative physical therapy, and cortisone shots. A utilization review decision dated 12/11/13 modified the request from six sessions to four chiropractic sessions given the patient still had pain two years from the MUA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy/deep tissue massage, Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter - Manipulation.

Decision rationale: The CA MTUS states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The Official Disability Guidelines (ODG) states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond two to three visits if signs of objective progress towards functional restoration are not demonstrated. This patient had four sessions of myofascial therapy and deep tissue massage approved given he has had pain for two years despite an MUA in 2013 with ongoing physical therapy. This exceeds the ODG guidelines. Therefore, the medical necessity for six (6) sessions of myofascial therapy/deep tissue massage is not established. The request is not certified.