

Case Number:	CM13-0071070		
Date Assigned:	01/08/2014	Date of Injury:	11/02/2011
Decision Date:	06/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 38-year-old female who has submitted a claim for medial and lateral right elbow epicondylitis, status post right shoulder arthroscopic subacromial decompression, with limited debridement of the bursal surface, with partial rotator cuff repair (02/11/2013) associated from an industrial injury date of 11/02/2011. The medical records from 04/29/2013 to 10/10/2013 were reviewed and showed that patient complained of right elbow and right shoulder pain, graded 2-3/10. She claims that her range of motion continues to improve, and she would like to proceed with additional physical therapy sessions to improve her strength. Physical examination revealed ranges of motion as follows: flexion 160 degrees, abduction 130 degrees, external rotation 60 degrees, and internal rotation 60 degrees. There are no signs of infection. MRI, dated 02/27/2012 revealed altered appearance of supraspinatus tendon consistent with minimal tendinosis. No frank tears were identified. The treatment to date has included Norco, Terocin patch, Lidopro lotion, chiropractic therapy, and arthroscopic shoulder surgery (02/11/2013). The utilization review, dated 11/27/2013, denied the request for additional chiropractic therapy sessions because the patient has had adequate postsurgical therapy, and would benefit more from a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: ADDITIONAL CHIROPRACTIC THERAPY 2X4 FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As stated on page 98 to 99 of California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient started physical therapy after arthroscopic shoulder surgery on 02/11/2013. The medical records submitted did not include the number of chiropractic therapy sessions completed, or objective evidence of functional improvement after therapy. The medical necessity for extension of services has not been established. Therefore, the request for additional chiropractic therapy 2x4 for the right shoulder is not medically necessary.