MAXIMUS Federal Services

Case Number:	CM14-0108053		
Date Assigned:	09/24/2014	Date of Injury:	06/01/2013
Decision Date:	11/25/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Orthopedic Surgery and Hand Surgery 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 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 injured worker is a 62-year-old female who reported an injury on 06/01/2013 due to an unspecified mechanism of injury. The injured worker complained of left shoulder pain. The diagnoses included shoulder impingement, rotator cuff tendon tear, shoulder strain, and shoulder tendinitis. The diagnostic consisted of Depakote/Depo-Medrol injections to the major points, Marcaine injections, and x-rays of the spine. The past treatments included surgery, physical therapy, E stimulator, manual therapy, and medication therapy. The objective findings, dated 08/26/2014, revealed neck pain, that had completely resolved and shoulder pain that was improving, also noted that the injured worker stated overall range of motion, function, and strength had improved, and she was much more comfortable. Physical examination revealed overall range of motion at approximately 160 degrees of forward flexion, 90 degrees adduction, 40 degrees external rotation, 45 degrees of internal rotation, and 30 degrees of extension. The injured worker had some mild anterior joint pain, no posterior pain, or lateral discomfort. The neuromotor examination distally was otherwise noted to be intact. The documentation indicated that the injured worker completed 18 sessions of physical therapy. The treatment plan included manipulation of the left shoulder and additional 18 visits of physical therapy. The Request for Authorization, dated 09/24/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed Manipulation of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG): Shoulder Chapter

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

Decision rationale: The request for closed manipulation of the left shoulder is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of treatment, although improvement tapered off after the initial sessions. If treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical notes dated 08/26/2014 indicated that the injured worker stated that her shoulder had improved and she was much more comfortable. Her overall range of motion, function, and strength had improved. Although, the range of motion had improved to the left shoulder the injured worker remained with decreased range of motion and function. The provider felt that she would benefit from manipulation to the left shoulder to continue to improve her overall function. However, the request as submitted did not specify the number of visits. As such, the request is not medically necessary.

Physical Therapy x 18 for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11-12, 27.

Decision rationale: The request for physical therapy x18 for the left shoulder is not medically necessary. The California MTUS indicates that the general course of therapy means a number of visits and/or time intervals which shall be indicated in postsurgical treatment for the specific surgery in the Post-Surgical Physical Medicine. If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The guidelines indicate for rotator cuff syndrome/impingement syndrome, the postsurgical treatment of 24 visits over 14 weeks within a treatment period of 6 months. The clinical notes indicated that the left shoulder had improved. The injured worker stated that she had improved function. Left shoulder had improved overall range of motion, function, and strength had improved, and she was much more comfortable. The injured worker had received

18 visits of physical therapy. The request is for an additional 18 visits for a total of 36 visits, which exceeds the recommended guidelines. As such, the request is not medically necessary.