MAXIMUS Federal Services

Case Number:	CM14-0015681		
Date Assigned:	03/03/2014	Date of Injury:	01/21/2013
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 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:

The applicant is represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 21, 2013. The applicant has been treated with the following: Analgesic medications; earlier shoulder arthroscopy and distal clavicle resection surgery; opioid therapy; oral steroids; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 24, 2014, the claims administrator partially certified a request for 12 sessions of chiropractic manipulative therapy as nine sessions of chiropractic manipulative therapy. The applicant's attorney subsequently appealed. A progress note December 19, 2013, was notable for comments that the applicant reported persistent shoulder pain status post subacromial decompression surgery on July 8, 2013. The applicant is also having issues with wrist pain. The applicant is on Norco for pain relief. Limited shoulder range of motion was noted for flexion and abduction in 140 to 160 degrees range with 4/5 shoulder strength noted. A carpal tunnel release surgery and postoperative occupational therapy for the hands were sought. It appears that the applicant was asked to attend a weight loss program. The applicant was described as weighing over 400 pounds. The applicant was also asked to pursue 12 session course of chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) CHIROPRACTIC/PHYSIOTHERAPY VISITS FOR RIGHT SHOULDER:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, MANUAL THERAPY & MANIPULATION, 58-59,99

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not specifically address the topic of manipulative therapy for the shoulder, the body part in question here. As noted in the MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines, in chapter 9, page 203, and manipulation has been described as effective for applicants with frozen shoulders. However, the period of treatment, per ACOEM, is limited to a few weeks, has results diminished over time. In this case, however, the 12-session course of treatment being sought by the attending provider does seemingly represent treatment in excess of the few weeks of treatment recommended by ACOEM. It is further noted that the applicant does not appear or carry a diagnosis of frozen shoulder. Rather, the applicant has rotator cuff tendinopathy status post subacromial decompression surgery some two months prior. Therefore, the request is not medically necessary, for all the stated reasons.