

Case Number:	CM14-0179024		
Date Assigned:	11/03/2014	Date of Injury:	09/06/2012
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, mid back pain, and low back pain reportedly associated with an industrial injury of September 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and unspecified amounts of manipulative therapy over the course of the claim. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for nine sessions of physical therapy while partially approving a request for 12 sessions of manipulative therapy as three sessions of the same. The claims administrator stated that the applicant had had six prior sessions of manipulative therapy in 2013 and 2014. The claims administrator also suggested that the applicant had completed 12 prior sessions of physical therapy in 2014 alone. Somewhat incongruously, the claims administrator suggested that the applicant was not working but went to partially approve a manipulative treatment. In an October 8, 2014 progress note, the applicant reported ongoing complaints of shoulder pain, ranging from 3-6/10. Limited shoulder range of motion was noted with flexion and abduction to 120- to 125-degree range. Limited grip strength was noted to 55 pounds about the left hand versus 75 pounds about the right hand. Positive signs of internal impingement were noted. It was stated that the applicant was an excellent candidate for 12 sessions of physical therapy to include mobilization and therapeutic exercise. It was acknowledged that the applicant was unable to engage in her normal work as a certified nursing assistant. In a September 18, 2014 progress note, the applicant reported 5/10 shoulder pain. It was stated that the applicant was not working owing to severe pain complaints. The applicant was using several topical compounded medications, Relafen, and Ultram. Limited shoulder and mid back range of motion were appreciated with tight muscles evident. Ranges of motion

measurements were not provided. Relafen and tramadol were renewed. An additional nine sessions of physical therapy to include modalities such as iontophoresis and phonophoresis as well as biofeedback was sought. Additional chiropractic manipulative therapy was also sought. The applicant was given a rather proscriptive 10-pound lifting limitation, which was apparently resulting in her removal from the work place. In an earlier note dated August 7, 2014, the applicant again presented with shoulder pain and mid back pain. The applicant was using a variety of topical compounds, Relafen, and tramadol. A 10-pound lifting limitation was again endorsed, along with six sessions of chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203 and 300, respectively, Chronic Pain Treatment Guidelines Biofeedback Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Functional Restoration Approach to Chronic Pain Management 9792.20f Page(s).

Decision rationale: The applicant has had prior treatment (12 sessions) in 2014 alone, seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. The applicant remains dependent on Relafen, tramadol, and several topical compounds. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy already in excess of MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.

Twelve chiropractic care sessions: 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), Shoulder (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does support one to two sessions of chiropractic manipulative therapy in the event of recurrences and flare-ups in applicants who have demonstrated treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant is seemingly off of

work. Significant shoulder and mid back range of motion deficits seemingly persists. Earlier chiropractic manipulative therapy, thus, does not appear to have been successful and does not appear to have resulted in the applicant's returning to and/or maintaining successful return to work status. The 12-session course of treatment proposed, furthermore, represents treatment well in excess of the one to two sessions recommended on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines in the event of flare-ups of musculoskeletal pain. Therefore, the request is not medically necessary.