

<b>Case Number:</b>	CM14-0185855		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Montana. 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 58-year-old female who was injured on October 7, 2013. The patient continued to experience left shoulder pain. Physical examination was notable for normal range of motion of the cervical spine, decreased range of motion of the left shoulder, slightly positive left shoulder impingement sign, and left shoulder girdle weakness. Diagnoses included chronic rotator cuff tear and chronic cervical radiculopathy. Treatment included chiropractic therapy, physical therapy, and medications. Requests for authorization for chiropractic therapy weekly for six weeks and physical therapy to cervical spine, thoracic spine, and left shoulder weekly for 6 weeks were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines, Page(s): 98-99.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities

such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had already received 12 physical therapy visits. The total number of visits requested is 18, which surpasses the recommended maximum of 10 visits. In addition there is no documentation of objective evidence of functional improvement. The request is not medically necessary.

**Outpatient Physical Therapy 1 time a week for 6 weeks for Cervical and Thoracic Spine and Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

**Decision rationale:** Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Recommended treatment parameters are as follows: Time to produce effect - 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient had already received 12 chiropractic therapy visits. The total number of visits requested is 18, which surpasses the recommended number of 4-6 visits needed to produce effect. In addition there is no documentation of objective evidence of functional improvement. The request is not medically necessary.