

<b>Case Number:</b>	CM14-0039836		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 43 year old male with date of injury 5/24/13. The treating physician report dated 3/4/14 indicates that the patient presents with pain affecting the right shoulder (Constant 4-9/10), Left shoulder (Occasional to intermittent 9/10) and stress/depression. Right shoulder rotator cuff repair was performed on 11/11/13 and 13 post operative PT sessions have been performed. The utilization review report dated 3/27/14 denied the request for Chiropractic 3x4 for bilateral shoulders, FCE, Orthopedic consultation right shoulder and one month home based trial of neurostimulator (TENS/EMS) based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment three times a week to bilateral shoulders (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 9, Shoulder Complaints, page 555-556, Official Disability Guidelines, Shoulder (updated 01/20/14), Manipulation; Official Disability Guidelines, Chiropractic Guidelines-Sprains and strains of shoulder and upper arm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The patient presents with chronic pain affecting the right post surgical shoulder and left shoulder. The current request is for Chiropractic treatment three times a week to bilateral shoulders. The MTUS Guidelines support chiropractic manipulation of the shoulder with a trial of 6 visits over a two week period of time. MTUS does not support a 12 visit trial of chiropractic manipulation. The request is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM chapter 7, pg 137-138.

**Decision rationale:** The ACOEM Guidelines state that the examiner is responsible for informing the examinee and the employer about the examinee's limitations. ACOEM goes on to state the employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. The treating physician in this case states, the patient is considered temporarily totally disabled for 6 weeks until cleared by an orthopedist. There is no request for an FCE in the treating physician's initial report to substantiate the request and there is no request from the employer or claim administrator for an FCE. The request is not medically necessary.

**An orthopedic consultation for right shoulder, status post surgery:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 557.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127.

**Decision rationale:** The patient presents with chronic pain affecting the right post surgical shoulder and left shoulder. The current request is for Orthopedic consult for right shoulder, status post surgery. The PM&R treating physician states in his 3/4/14 report, the patient is requested to consult an orthopaedic specialist for his right shoulder, status post-surgery. The ACOEM guidelines on page 127 recommend referral to a specialist when the plan or course of care may benefit from additional expertise. The request is medically necessary.

**One month home based trial of Neurostimulator (TENS/EMS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve, Criteria for the use of TENSstimulation) Page(s): 114-116.

**Decision rationale:** The MTUS Guidelines do support a trial of TENS. The criteria for the use of TENS states, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The treater in this case has failed to document a treatment plan for the use of a TENS unit. The request is not medically necessary.