MAXIMUS Federal Services

Case Number:	CM14-0053183		
Date Assigned:	07/07/2014	Date of Injury:	11/14/2012
Decision Date:	12/24/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male with a work injury dated 11/14/12. The diagnoses include left shoulder status post-surgery (May of 2013) and left elbow sprain/strain. Under consideration are requests for physical therapy for the left shoulder for 18 sessions; acupuncture for the left shoulder and left elbow for 18 sessions; chiropractic treatments for the left shoulder and left elbow for 18 sessions.There is a document dated 4/3/14 that states that the patient is with continuing left shoulder pain and debility despite a reported 6 pre-surgical and 42 post-surgical physical therapy sessions. The documentation indicates that the patient has had 6 pre-operative physical therapy (December 2012) visits and 42 post-operative visits (Left Shoulder Surgery May 2013).Per documentation a progress note dated 03/09/14 that the patient is status post (s/p) left shoulder surgery on 05/10/13. He complains of (c/o) left shoulder pain rated 8/10 and left elbow pain and spasms rated 6-7/10. The physical exam reveals that he had a well healed scar on left shoulder; tenderness; reduced range of motion (ROM); positive Neer's and supraspinatus on left; positive varus/valgus test on left; diminished sensation noted; weakness.A 2/4/14 primary treating physician progress note states that the patient presents today for a follow up visit. He complains of status post left shoulder surgery with residual pain, 8/10, constant, moderate to severe; burning left elbow pain and muscle spasms, constant, moderate to severe, 8/10. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications. The pain is also alleviated by activity restrictions. The left shoulder exam revealed a well-healed surgical scar consistent with prior surgery. There is tenderness at the acromioclavicular joint and decreased range of motion, and sensation is diminished to light touch. Motor strength is decreased in bilateral upper extremities. The treatment plan states

patient is to continue physical therapy. The patient is waiting for an orthopedic surgeon for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left shoulder for 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Physical Therapy for the left shoulder for 18 sessions is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has already exceeded the recommended 24 post op PT visits for this condition. The MTUS guidelines recommend physical therapy with a goal towards an active self-directed home exercise program. The patient should be well versed in a home exercise program. The documentation does not reveal extenuating conditions that require 18 more supervised PT visits. The request for physical therapy for the left shoulder for 18 sessions is not medically necessary.

Chiropractic treatments for the left shoulder and left elbow for 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow-manipulation

Decision rationale: Chiropractic treatments for the left shoulder and left elbow for 18 sessions is not medically necessary per the MTUS and the ODG guidelines. The ODG recommends up to 3 visits contingent on objective improvement documented (i.e. VAS improvement greater than 4). Further trial visits up to 3 more contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. The MTUS states that chiropractic for the forearm, Wrist, & Hand is not recommended. The documentation is not clear on how this would benefit the patient as he has had extensive upper extremity physical therapy. Additionally the request exceeds the recommended trial of 6 visits of initial chiropractic care. The request for chiropractic treatments for the left shoulder and left elbow for 18 sessions is not medically necessary.

Acupuncture for the left shoulder and left elbow for 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Physical Therapy for the left shoulder for 18 sessions is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient has already exceeded the recommended 24 post op PT visits for this condition. The MTUS guidelines recommend physical therapy with a goal towards an active self-directed home exercise program. The patient should be well versed in a home exercise program. The documentation does not reveal extenuating conditions that require 18 more supervised PT visits. The request for physical therapy for the left shoulder for 18 sessions is not medically necessary.