

Case Number:	CM14-0059144		
Date Assigned:	07/09/2014	Date of Injury:	11/23/2011
Decision Date:	09/23/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/29/2014

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 reportedly associated with an industrial injury of November 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representations, unspecified amounts of physical therapy, and earlier shoulder surgery repair. In a Utilization Review Report dated April 25, 2014, the claims administrator denied a request for laser therapy and chiropractic manipulative therapy. The claims administrator employed a variety of non-MTUS ODG guidelines in its report, despite the fact that the MTUS did address the topics at hand. The applicant's attorney subsequently appealed. In an April 18, 2014 letter, six sessions of laser therapy and eight sessions of chiropractic manipulative therapy were sought. The applicant's work status was not provided. In an earlier note dated October 25, 2013, however, handwritten, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability. On December 9, 2013, the applicant transferred care to a new primary treating provider, complaining that a previous shoulder surgery and manipulation under anesthesia procedure had both proven unsuccessful. The applicant was using a sling and was having difficulty performing movements. Computerized range of motion testing was endorsed while the applicant was placed off of work. It was stated that the applicant was using Norco, Prilosec, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laser therapy 2x3 for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation-shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW LEVEL LASER THERAPY; PHYSICAL MEDICINE Page(s): 57; 98.

Decision rationale: As noted on page 57 of the MTUS Chronic Pain Medical Treatment Guidelines, low-level laser therapy is "not recommended" in the treatment of chronic pain, as is present here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines emphasizes active therapy and active modalities over passive modalities such as laser therapy during the chronic pain phase of a claim. No rationale for selection of this particular modality was proffered by the attending provider in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.

Chiropractic therapy sessions 2x4 for the right shoulder: Upheld

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

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

Decision rationale: Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of manipulative treatment for the shoulder, the body part at issue here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that manipulation by a manual therapist is effective for applicants for frozen shoulders, ACOEM qualifies the recommendation by noting that the period of treatment is limited to a few weeks, as results diminish over time. In this case, the attending provider's documentation, including the request for authorization letter of April 18, 2014 did not clearly establish the presence of a frozen shoulder. While the applicant had earlier undergone a manipulation under anesthesia procedure for adhesive capsulitis, the applicant's new primary treating provider did not establish that the applicant had residual issues with adhesive capsulitis/frozen shoulder on or around the date of the request, April 18, 2014. It is further noted that the applicant was so far removed from the date of injury that the applicant was likely outside of the few-week window for manipulative treatment to be effective for frozen shoulders, per ACOEM. Therefore, the request is not medically necessary.