

<b>Case Number:</b>	CM13-0056320		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female who sustained a work-related injury on 1-19-11. Medical record documentation on 10-29-13 revealed the injured worker was being treated for cervical spine myofascitis with radiculitis, status post right shoulder arthroscopic surgery, rule out cervical spine disc injury, and internal derangement of the bilateral knees. She reported continued pain to the right shoulder and right ankle with a burning sensation with numbness and tingling to the toes of the right foot and the lateral aspect of the foot and ankle. She reported limited movement and pain in the right shoulder, neck pain and low back pain. Her low back pain was most severe. Objective findings included a limp favoring the right lower extremity and atrophy to the right calf. She had weakness to the right leg at 5 and 5 at the knee, hip, ankle and toes. She had continued tenderness to palpation at the anterior joint line of the right shoulder with limited range of motion of the right shoulder. She had tenderness to palpation to the trapezius muscles with spasm and limited range of motion of the cervical spine. She had a positive hyperextension and Spurling's testing on the right and tenderness to palpation of the cervical paraspinal muscles. She had tenderness to palpation of the bilateral knee joint lines and tenderness to palpation of the patellofemoral region. An MRI of the right shoulder revealed a detached labrum. Previous therapy included two right shoulder arthroscopies. The therapy plan included continued physiotherapy and chiropractic therapy, initiation of gabapentin and vitamin B6, and Percocet for pain. On 11-13-13, the Utilization Review physician determined chiropractic for the cervical spine, right shoulder and bilateral knees two times per week for four weeks and physiotherapy

for the cervical spine, right shoulder and bilateral knees two times per week for four weeks was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic for the cervical spine, right shoulder and bilateral knees 2 times per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant sustained a work injury in January 2011 as the result of a fall. She underwent right shoulder arthroscopic surgery with a rotator cuff decompression and labral repair in January 2012 and a labral repair in October 2012. She also underwent a peroneal tendon repair and debridement. When seen in October 2013 she was having neck, right ankle, right shoulder, and low back pain. Physical examination findings included right lower extremity atrophy and a limp. There was right lateral ankle tenderness. There was cervical and lumbar tenderness with spasms and limited motion. There was right anterior shoulder and bilateral knee joint line tenderness. There was decreased lower extremity strength with positive sciatic tension testing. There was limited shoulder range of motion and right Spurling's and hyperextension testing was positive. Authorization for continued chiropractic and physical therapy which was currently being done was requested. Case notes reference completion of 8 therapy treatments as of 10/08/13. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of prior treatment sessions is unknown and there is no evidence of functional improvement with the treatments already provided. The request cannot be accepted as being medically necessary.

#### **Physiotherapy for the cervical spine, right shoulder and bilateral knees 2 times per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in January 2011 as the result of a fall. She underwent right shoulder arthroscopic surgery with a rotator cuff decompression and labral repair in January 2012 and a labral repair in October 2012. She also underwent a peroneal tendon repair and debridement. When seen in October 2013 she was having neck, right ankle, right shoulder, and low back pain. Physical examination findings included right lower extremity atrophy and a limp. There was right lateral ankle tenderness. There was cervical and lumbar tenderness with spasms and limited motion. There was right anterior

shoulder and bilateral knee joint line tenderness. There was decreased lower extremity strength with positive sciatic tension testing. There was limited shoulder range of motion and right Spurling's and hyperextension testing was positive. Authorization for continued chiropractic and physical therapy which was currently being done was requested. Case notes reference completion of 8 therapy treatments as of 10/08/13. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to finalize the claimant's home exercise program and does not reflect a fading of skilled treatments. The request is not medically necessary.