

Case Number:	CM14-0148140		
Date Assigned:	09/18/2014	Date of Injury:	06/03/2013
Decision Date:	01/28/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/11/2014

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 June 3, 2013. In a Utilization Review Report dated September 2, 2014, the claims administrator denied a request for eight sessions of manipulative therapy for the right and left shoulders, denied request for eight sessions of work conditioning for the right and left shoulders, and apparently partially approved an orthopedic evaluation and treatment as an orthopedic evaluation and pain management evaluation alone. Non-MTUS ODG Shoulder Chapter Chiropractic Guidelines were cited. The claims administrator also referenced office visits of August 5, 2014, and July 8, 2014, and June 7, 2014. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant was seemingly placed off of work, on total temporary disability, for an additional month. The attending provider nevertheless posited that the applicant's neck and shoulder pain had improved. Full active range of motion of the cervical spine and right shoulder was appreciated with minimal discomfort. Increasing active range of motion of the shoulder was noted with some pain and weakness evident. Ranges of motion measurements were not provided. Additional chiropractic manipulative therapy for the bilateral shoulders and cervical spines were sought. Left shoulder arthrogram was also sought along with a right shoulder MRI. The applicant was status post left shoulder arthroscopy on October 4, 2013 and subsequent left shoulder manipulation under anesthesia surgery on March 4, 2014. Work conditioning was sought. It was not clearly stated whether or not the applicant had a job to return to. In an earlier note dated July 8, 2014, the applicant was again placed off of work, on total temporary disability, for an additional month. The applicant stated that she did not feel capable of returning to any form of work. Left shoulder range of motion was limited to 160 degrees of flexion and abduction with 3+/5 shoulder strength noted. A second opinion orthopedic shoulder surgery

consultation and left shoulder arthrogram were endorsed. The requesting provider, a chiropractor (DC), stated that the orthopedic evaluation was intended to assess the applicant's need for further surgical intervention involving the shoulders and/or possibly provide the applicant with pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 treatments of Chiropractic for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic guidelines

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 therapy for the shoulder. While the MTUS Guideline in ACOEM Chapter 9, page 203 notes that manipulation by a manual therapist has been described as effective for applicants with frozen shoulders, ACOEM qualifies its recommendation by noting that the period of treatment is limited to a few weeks, as results diminish with time. In this case, however, the applicant's presentation was not suggestive of a frozen shoulder. The applicant possessed 160 degrees of left shoulder flexion and abduction on an office visit of July 8, 2014, referenced above. It did not appear, thus, that the applicant had any residual frozen shoulder issues and/or adhesive capsulitis issues on or around the date additional chiropractic manipulative therapy was sought. The applicant, furthermore, had received earlier unspecified amounts of chiropractic manipulative therapy involving the injured shoulder, seemingly in excess of the few weeks for which manipulative therapy is recommended for applicants with frozen shoulders, per ACOEM Chapter 9, page 203. The applicant had had, however, failed to demonstrate any concrete and/or material evidence of functional improvement or functional improvement as defined in MTUS 9792.20f through earlier unspecified amounts of manipulative therapy. The fact that the applicant remained off of work, on total temporary disability, suggested that the applicant had failed to objectively profit with earlier unspecified amounts of chiropractic manipulative therapy. Therefore, the request for an additional eight sessions of chiropractic manipulative therapy for the left shoulder is not medically necessary.

8 sessions of Work conditioning for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work conditioning includes evidence that an applicant has a clearly defined return to work goal agreed upon by both the applicant and employer prior to admission to a work conditioning program. In this case, however, there is no mention of the applicant's having a job to return to prior to pursuit of work conditioning. The applicant seemingly had been off of work for over a year following an industrial injury of June 3, 2013. It did not appear that the applicant had a job to return, nor did it appear that the applicant had a clearly defined return to work goal. Therefore, the request is not medically necessary.

Consult: Orthopedic Evaluation for assessment and possible treatment of the bilateral shoulder injuries and for pain management, with Orthopedic Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 92, 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. Here, the requesting provider, a chiropractor (DC), is not licensed to prescribe medications. The requesting provider stated that he wished to obtain the added expertise of an orthopedist to determine whether or not the applicant was a candidate for further surgical intervention involving the shoulder and/or to determine the applicant's suitability for introduction of pain medications. An orthopedic shoulder surgeon, thus, would be better-equipped to address some of these issues, including the need for surgical intervention and/or the need for pain medications, than the applicant's primary treating provider, a chiropractor (DC). Therefore, the request is medically necessary.