MAXIMUS Federal Services

Case Number:	CM14-0189653		
Date Assigned:	11/20/2014	Date of Injury:	10/07/2011
Decision Date:	01/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 38 year old employee with date of injury 10/7/11. Medical records indicate the patient is undergoing treatment for left shoulder pain s/p surgery with supraspinatus tendinosis and impingement, left knee pain/tendinosis, major depressive disorder and generalized anxiety. Subjective complaints include complaints of persistent, constant left shoulder pain with restricted range of motion (ROM), described as a burning and throbbing pain of 6/10; difficulty reaching for objects above shoulder level and behind the back, difficulties with sleep and ADL's. Objective complaints include positive Neer's impingement, cervical spine ROM is about 50%, ROM left shoulder 75 %, mild antalgic gait. An MRI of the shoulder showed mild teninosis distal left supraspinatus tendon with simple appearing tiny bone cyst left humeral head. Treatment has consisted of left shoulder acromioplasty with resection of coracoacromial ligament 9/4/13, chiropractor, physical therapy. Medications include Ibuprofen, Voltaren gel, Tramadol, Gabapentin, Omeprazole, and Hydrocodone. Per medical records dated 9/8/14 patient was determined to be permanent and stationary as of 8/13/14. He was given restriction of no work at or above shoulder level, no heavy lifting with left arm and no repetitive squatting or kneeling. The utilization review determination was rendered on 10/16/14 recommending non-certification of Decision for Physio Therapy/Chiro/Manipulation x13 Sessions left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy/Chiro/ Manipulation X12 Sessions left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-205,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60, 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, 98-99,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine,Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy

Decision rationale: The California MTUS guidelines refer to the physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Medical documentation provided indicates that is patient is 1 year post op at this time; this far exceeds the guideline recommendations of manipulation in the first few weeks post op. The treating physician has provided documentation that patient has completed chiropractic and PT in the past without documentation of functional improvement. There is also no documentation provided that the surgeon involved in this case has approved and/or recommended manipulation to be performed on the shoulder. This patient has attended physical therapy in the past and should be able to follow a home exercise program that was provided to him at that time. As such, the request for Physio Therapy/Chiro/ Manipulation X12 Sessions left shoulder is not medically necessary.