

Case Number:	CM14-0207554		
Date Assigned:	12/19/2014	Date of Injury:	01/10/2013
Decision Date:	02/18/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 and major depressive disorder (MDD) reportedly associated with an industrial injury of January 10, 2013. In a Utilization Review Report dated November 7, 2014, the claims administrator denied request for 12 sessions of physical therapy, 12 sessions of chiropractic manipulative therapy, and 12 sessions of acupuncture. The claims administrator suggested that the applicant had had prior physical therapy but did not clearly outline whether the applicant had or had not had prior acupuncture. Progress notes of October 14, 2014 and October 22, 2014 were referenced, the claims administrator contended were, at times, not entirely legible. In an October 22, 2014 orthopedic office visit, the applicant reported ongoing complaints of right shoulder, neck, and right arm pain, 4-5/10. The applicant reported ancillary complaints of depression, insomnia, anxiety, dizziness, headaches, and difficulty falling asleep. The applicant had had physical therapy twice weekly but had only experienced limited improvement with the same. The applicant was using interferential unit, tramadol, Celebrex, omeprazole, and topical compounds, it was further noted. The attending provider noted that the applicant had last worked in December 2013. Eight sessions of physical therapy, MRI imaging of the shoulder, and bilateral shoulder injections were endorsed. On August 29, 2014, the applicant underwent a functional capacity evaluation, the results of which were not clearly reported. On July 1, 2014, the applicant was asked to pursue physical therapy and a functional capacity evaluation while remaining off of work, on total temporary disability. The attending provider suggested that the applicant would be a good candidate for vocational rehabilitation. The applicant was asked to

consult a neurosurgeon, shoulder surgeon, and pain management physician. Chiropractic manipulative therapy and physical therapy were endorsed at this point. The applicant received extracorporeal shock wave therapy at multiple points in 2014, including on June 25, 2014, principally for the shoulder. In an earlier note dated May 15, 2014, the applicant was asked to pursue extracorporeal shock wave therapy, manipulative therapy, hot and cold wrap, and topical compound while remaining off of work, on total temporary disability, owing to ongoing complaints of shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions- Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Physical Medicine topic Page.

Decision rationale: The request in question, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The applicant has, furthermore, had unspecified amounts of physical therapy at various points over the course of the claim, including in 2014 alone. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, and remains dependent on various topical compounded medications. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

12 Chiropractic Therapy sessions- Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 59.

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 specifically address the topic of chiropractic manipulative therapy for the shoulder, the body part at issue here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that manipulation by 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 over time. Here, the applicant had received extensive chiropractic manipulative therapy at various in 2014 alone, including on May 15, 2014 and on July 1, 2014. The applicant had, furthermore, failed to demonstrate a favorable response to earlier treatment. The applicant remained off of work, on total temporary disability, despite having had extensive prior chiropractic manipulative therapy well in excess of the few weeks of treatment for which manipulative therapy is deemed to be effective for the shoulder, per ACOEM Chapter 9, page 203. The fact that the applicant remained off of work despite having had extensive manipulative therapy suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for 12 sessions of chiropractic therapy was not medically necessary.

12 Acupuncture Therapy sessions- Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledge that acupuncture treatment can be employed for a wide variety of purposes, including for chronic pain purposes, this recommendation is, however, qualified by commentary in MTUS 9792.24.1.c.1 to the effect that the time deemed necessary to functional improvement following introduction of acupuncture is three to six treatments. The request for 12 sessions of acupuncture, thus, represents treatment at a rate two to four times MTUS parameters. No compelling rationale for treatment this far in excess of MTUS parameters was furnished. Therefore, the request was not medically necessary.