

<b>Case Number:</b>	CM14-0209342		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Pennsylvania  
Certification(s)/Specialty: Family Practice

### 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 worker was injured lifting tables on 5/22/2013. According to the physician visit note of 11/7/2014, she has right shoulder blade, right thumb, right elbow, and right wrist injury. MRI right wrist 6/10/2013 showed minimal thickening of the 1st CMC joint. MRI of the right shoulder 6/23/2014 showed there may be some mild tendinosis involving the supraspinatus tendon. Examination showed restricted range of motion of the right shoulder, positive Yergason's test and tenderness at the acromioclavicular joint. Her diagnoses include pain in joint involving other specified sites and pain in joint involving shoulder region. According to physician visit note of 10/14/2014, she has had 18-20 chiropractic sessions and 24 physical therapy sessions. It is reported that she had over 90% of pain relief from the combination of chiropractic and physical therapy and that her pain levels are slowly returning because she has not had PT or chiropractic sessions in over 2 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 8 sessions- right wrist and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** Passive therapy can provide short term relief during the early phases of pain treatment. It is not expected to serve as the long term management of chronic pain. Passive therapies are to be used sparingly while an active therapy program is being established. Patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Success rates for active therapy are much greater than for passive treatment. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus an active self-directed home program. The number of visits recommended for myalgia and myositis is 9-10 visits over 8 weeks. This worker has already had 24 sessions of physical therapy. That should be sufficient to establish a home exercise program. It would be anticipated that if the home exercise program is continued, the results would be maintained. Passive therapy should not be utilized as a means of long term pain management but a home exercise program should be continued to maintain functional gains. It is not medically necessary to have additional physical therapy sessions.

**8 sessions of Chiropractic - right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is recommended as an option for low back pain. It is not recommended for forearm, wrist, and hand problems. Manual therapy for shoulder problems is not mentioned by the MTUS. The maximum duration of manual therapy and manipulation is 8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In those cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau. Treatment beyond 4-6 visits should be documented with objective improvement in function. This treatment request for 8 sessions of chiropractic for the right wrist and right shoulder is not medically necessary. Chiropractic is specifically not recommended for the wrist and there is no recommendation for the shoulder. Furthermore, this worker has already had 18-20 chiropractic sessions. There is a report of reduction in pain but no documentation of objective improvement in function. There has also been no differentiation in the benefit received from physical therapy versus the benefit received from chiropractic. It should not be assumed that both are necessary or beneficial just because there was a reduction in pain when receiving both. As such the request is not medically necessary.

**Thera-Bands:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.thera-band.com/userfiles/file/resistance\\_band-tubing\\_instruction\\_manual.pdf](http://www.thera-band.com/userfiles/file/resistance_band-tubing_instruction_manual.pdf).

**Decision rationale:** According to the Thera-Band instruction manual, Thera-Band has been endorsed by the American Physical Therapy Association and has been proven to increase strength, mobility and function, as well as reduce joint pain. Neither the MTUS nor the ODG address Thera-Band. However, a home exercise program is medically necessary and Thera-Band is a typical item utilized in home exercise programs established by physical therapists. The request is medically necessary.