

Case Number:	CM14-0209550		
Date Assigned:	12/22/2014	Date of Injury:	02/16/2010
Decision Date:	03/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	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: New Jersey, New York
 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:

The injured worker is a 52 year-old female who was injured on 2/16/10 from cumulative trauma. She had right shoulder pain and cervical spine pain. On exam, her right shoulder had palpable clicking, positive impingement signs, spasms of cervical spine, tenderness, and decreased range of motion. She was diagnosed with carpal tunnel syndrome, de Quervain's tenosynovitis, chronic neck pain, cervical and lumbar spine discopathy, and right shoulder pain. The patient had right shoulder surgery in 8/2012. She had 24 post-operative physical therapy visits and chiropractic sessions. Her medications included anti-inflammatories, topical analgesic, and opioid. She utilized an H-wave device. She underwent extracorporeal shockwave procedure to the right shoulder. The current request is for additional physical therapy and chiropractic sessions.

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 (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Additional physical therapy is not medically necessary. Post-operatively, the patient had the recommended 24 sessions of physical therapy for her right shoulder. She should, at this point, be able to perform a home exercise program. Further therapy would make her exceed the recommended maximum limit for post-operative physical therapy. There were no major changes that would require additional physical therapy or that was shown to be beyond the limits of a home exercise program. Therefore, the request is considered not medically necessary.

Chiropractic x 8 sessions (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic, shoulder.

Decision rationale: The request is considered not medically necessary. According to the chart, the patient had chiropractic care. Improvement in functional capacity was not documented. ODG guidelines recommend 2-3 visits with documented functional improvement. The patient should be able to continue with an independent home exercise program at this point. Given these reasons, the request is considered not medically necessary.