

Case Number:	CM15-0018241		
Date Assigned:	02/10/2015	Date of Injury:	06/25/2014
Decision Date:	04/03/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29-year-old male who reported an injury on 06/25/2014. The injury reportedly occurred when the injured worker had to turn the steering wheel quickly to avoid an accident and felt immediate pain in his right shoulder. He was diagnosed with right shoulder sprain/strain. At an evaluation on 07/23/2014, the injured worker was noted to have restricted range of motion of the right shoulder and reduced motor strength to 3+/5 on the right side. He was recommended for medications and physical therapy. The 12/31/2014 peer review indicated that an 11/18/2014 clinical note showed that the physical examination revealed a positive Apley's test to the right shoulder. Recommendation was made for physical therapy twice a week for 5 weeks, chiropractic treatment twice a week for 5 weeks, computerized range of motion testing of the upper extremities, and a Functional Capacity Evaluation. However, rationale for this request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with diathermy, massage, EMS & ultrasound 2 x 5: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy may be recommended for patients with chronic pain to promote functional improvement and provide instruction in a home exercise program. The clinical information submitted for review indicated that the injured worker has completed 6 physical therapy visits to date. However, the submitted documentation did not clearly outline objective functional improvements with this treatment. In addition, a recent clinical note was not provided to clarify residual functional deficits to warrant additional physical therapy. Furthermore, the request included diathermy, massage, EMS, and ultrasound which are all passive modalities. The guidelines state active modalities are recommended over passive treatments. Also, the request failed to indicate the body region the treatment was being requested for. In addition, the request for visits twice a week for 5 weeks in addition to the 6 visits previously completed would exceed the guidelines recommendation for maximum of 10 visits for injured workers with chronic pain. For these reasons, the request is not medically necessary.

Chiropractic therapy 2 x 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: According to the California MTUS Guidelines, manipulation may be recommended as an adjunct to active treatment programs to promote functional gains. The guidelines also state that an adequate trial up to 6 sessions should be overtaken prior to continuing with treatment based on objective functional improvement with the initial trial. The clinical information submitted for review did not show that the injured worker had previously undergone chiropractic treatment. However, there was no recent documentation submitted to determine whether the injured worker has current functional deficits to require chiropractic treatment. In addition, the request for visits twice a week for 5 weeks exceeds the guideline recommendations for initial trial of 6 visits. For these reasons, the request is not medically necessary.

Computerized ROM of upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Flexibility.

Decision rationale: According to the Official Disability Guidelines, computerized range of motion testing is not recommended to test range of motion which can be obtained with inclinometers. The clinical information submitted for review did not include a rationale for the requested computerized range of motion testing. However, the guidelines do not recommend this type of testing as standard range of motion testing as a part of physical examination with an inclinometer is recommended. Therefore, the request is not medically necessary.

Functional capacity evaluation, pre-P&S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation.

Decision rationale: According to the Official Disability Guidelines, Functional Capacity Evaluation may be recommended prior to admission to a work hardening program or when case management is hampered by complex issues or the injured worker is close to Maximum Medical Improvement. The clinical information submitted for review did not include a rationale for the request of Functional Capacity Evaluation. There was also not documentation showing that he has significant functional deficits to warrant the need for formal Functional Capacity Evaluation. For these reasons, the request is not medically necessary.