

Case Number:	CM15-0133524		
Date Assigned:	07/21/2015	Date of Injury:	01/24/2013
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina

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 62 year old male, who sustained an industrial injury on 1/24/13. Initial complaints of right shoulder pain/injury. The injured worker was diagnosed as having right recurrent rotator cuff tear; right shoulder bursitis; right acromioclavicular arthropathy; right degenerative joint disease. Treatment to date has included status post right shoulder SLAP debridement, subacromial decompression, rotator cuff repair, distal clavicle resection (5/12/13); status post right shoulder arthroscopic revision for recurrent rotator cuff tear (3/3/14); physical therapy; chiropractic therapy; bracing; medications. Diagnostics studies included MRI right shoulder (5/14/15). Currently, the PR-2 notes dated 5/14/15 indicated the injured worker complains of pain in the right shoulder. His treatment to date has included right shoulder SLAP debridement, subacromial decompression, rotator cuff repair, distal clavicle resection (5/12/13); status post right shoulder arthroscopic revision for recurrent rotator cuff tear (3/3/14). He has had physical therapy, bracing and chiropractic therapy and medications. He reports continued stabbing, burning and pins and needles in his right shoulder and attributes this to movement and friction. He continues to await authorization for additional physical therapy. He rates his pain as 3-4/10 and says his pain does not go beyond 4/10 at this time. He continues to use his left arm for driving but any movement or activity will aggravate his arm and he feels "cracking". His shoulder throbs at night and usually the pain is reduced with rest. He denies any radiation of pain or symptoms into the hand but complains of weakness in his grip strength. A MRI of the right shoulder on 5/14/15 reveals a full-thickness tear of the supraspinatus tendon, infraspinatus tendon and superior fibers of the subscapular tendon. There is a moderate degenerative

hypertrophy of the acromioclavicular joint. The provider is requesting authorization of Work Conditioning 2x week x 8 weeks Right Shoulder and chiropractic therapy for the right shoulder 2x week x 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x week x 8 weeks Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL MANIPULATION Page(s): 58-59.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care "Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care". Not medically necessary. Recurrences/flare-ups "Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments." Manual manipulation is a recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for greater than 16 sessions. This does not meet criteria guidelines and thus is not medically necessary.

Work Conditioning 2x week x 8 weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning Page(s): 125.

Decision rationale: The California MTUS section on work conditioning states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program: (1) Work related musculoskeletal condition with functional limitations

precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. ODG Physical Medicine Guidelines: Work Conditioning 10 visits over 8 weeks. The request is for 16 sessions. This is in excess of guideline recommendations and therefore the request is not medically necessary.