

<b>Case Number:</b>	CM15-0141516		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Texas, New York, 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 44-year-old who has filed a claim for chronic neck, upper back, and shoulder pain reportedly associated with an industrial injury of February 13, 2014. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for chiropractic manipulative therapy, physical therapy, and MRI imaging of the shoulder. The claims administrator did partially approve two sessions of physical therapy. An RFA form and an associated progress note of June 3, 2015 were referenced in the determination. The claims administrator suggested that the applicant's chiropractor had initiated the request. In a June 3, 2015 chiropractic progress note, the applicant reported ongoing complaints of shoulder pain. The portions of the note were blurred because of repetitive photocopying and faxing. The applicant was on Tramadol and Motrin, apparently being prescribed by other providers, it was reported. Limited shoulder and neck range of motion were noted. Additional chiropractic manipulative therapy, shoulder MRI imaging, and physical therapy were endorsed while the applicant was kept off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 6 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** No, the request for six sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for chiropractic manipulative therapy. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, June 3, 2015. Earlier manipulative therapy did not, in short, appear to have been particularly successful here. The MTUS Guideline in ACOEM Chapter 9, page 203 also notes that the period of treatment for manipulative therapy for the shoulder, the primary body part at issue here, is limited to a few weeks, as results diminish with time. The MTUS Guideline in ACOEM Chapter 9, page 203 also states that manipulation of shoulder is effective for a diagnosis of frozen shoulder. Here, however, there was no mention of the applicant's carrying a diagnosis of frozen shoulder. The applicant had received previous manipulative treatment for what appeared to be well beyond a few weeks of treatment suggested in the MTUS Guideline in ACOEM Chapter 9, page 203. Therefore, the request was not medically necessary.

**Physical Therapy, 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy was likewise was not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, it was reported on June 3, 2015, strongly suggesting a lack of functional improvement as defined in MTUS 9792.20e despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.

**MRI (magnetic resonance imaging) Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, tables 9-1, 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder - Indications for imaging - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** Finally, the request for MRI imaging of the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, the requesting provider was a chiropractor (as opposed to a shoulder surgeon), significantly diminishing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The requesting provider did not explicitly state how (or if) the proposed shoulder MRI would influence or alter the treatment plan. The requesting provider did not state what was sought. The requesting provider did not state what was suspected. It did not appear, in short, that there was either an explicit statement (or an implicit suggestion) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.