

<b>Case Number:</b>	CM15-0147764		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year-old male who sustained an industrial injury on 07-31-13. He reported left shoulder and low back pain. Initial diagnoses and treatments are not available. He is status post left shoulder surgery 02-2014, status post lumbar surgery 2007, and 2010. Current diagnoses include left shoulder AC joint arthritis and impingement syndrome, L4-5 grade I spondylolisthesis and stenosis with bilateral lumbar radiculopathy, and new onset bilateral lumbar radiculopathy. Diagnostic testing and treatment to date has included MRI of the left shoulder and lumbar spine, x-rays, urine drug screens, left shoulder surgery, epidural steroid injections, and pain medication management. Currently, the injured worker complains of left shoulder pain status post re-injury x 10 days ago which has not improved. In a progress note dated 06-29-15, the treating provider reports the injured worker has had complaints of left wrist and hand pain with swelling of the fingers and difficulty grasping since his shoulder surgery. Requested treatments include associated surgical service: Chiropractic therapy (ultrasound, exercises, massage, myofascial release, soft), left shoulder qty: 6, and post-op pneumatic intermittent compression device (days) qty: 30. The injured worker is under temporary total disability. Date of Utilization Review: 07-14-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Chiropractic therapy (ultrasound, exercises, massage, myofascial release, soft), left shoulder qty: 6: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and underwent repeat left shoulder arthroscopic surgery on 02/03/15 for a recurrent rotator cuff tear. As of 05/14/15 he had completed 12 post-operative physical therapy treatments. When seen, he was having shoulder, wrist, and hand pain. He was also having radiating low back pain. There was lumbar tenderness. There was left flexor carpi radialis tenderness. Shoulder impingement testing was positive. Chiropractic treatment was requested. Authorization for a lumbar laminectomy and fusion including a post-operative compression unit and post-operative physical therapy was requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is consistent with the guideline recommendation. The claimant has already completed physical therapy for the shoulder and a home exercise program would be expected adjunctive treatment to the chiropractic visits. The request is considered medically necessary.

**Post-op pneumatic intermittent compression device (days) qty: 30: Upheld**

**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 Prevention of Venous Thromboembolism in Surgical Patients. Circulation. 2004;110:IV-4-IV-12.

**Decision rationale:** The claimant sustained a work-related injury in July 2013 and underwent repeat left shoulder arthroscopic surgery on 02/03/15 for a recurrent rotator cuff tear. As of 05/14/15 he had completed 12 post-operative physical therapy treatments. When seen, he was having shoulder, wrist, and hand pain. He was also having radiating low back pain. There was lumbar tenderness. There was left flexor carpi radialis tenderness. Shoulder impingement testing was positive. Chiropractic treatment was requested for the low back. Authorization for a lumbar laminectomy and fusion including a post-operative compression unit was requested. Risk factors for venous thromboembolism include advanced age, an anterior surgical approach, surgery for malignancy, a prolonged surgical procedure, and reduced preoperative and postoperative mobility. In absence of additional risk factors, early and persistent mobilization is recommended in patients undergoing elective spinal surgery. In patients with additional risk factors such as intermittent pneumatic compression may be useful. Patients with multiple risk factors benefit from the combination of pharmacological and mechanical prophylaxis. In this case, there are no identified additional risk factors and the claimant has undergone prior orthopedic surgeries without complication. Use of a DVT prophylaxis unit for 30 days is not medically necessary.