

Case Number:	CM15-0161802		
Date Assigned:	08/27/2015	Date of Injury:	04/18/2015
Decision Date:	10/02/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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

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:

This 50 year old woman sustained an industrial injury on 4-18-2015 after helping a patient to position in bed. Evaluations include electromyogram and nerve conduction studies of the bilateral upper extremities dated 7-2-2015, undated cervical spine MRI, and undated right shoulder MRI. Diagnoses include cervical spine strain, shoulder strain, rotator cuff syndrome, trapezius muscle strain, cervical radiculitis, lateral epicondylitis, wrist pain, and forearm pain. Treatment has included oral medications, physical therapy, chiropractic care, subacromial injection, bracing, and biceps tendon injection. Physician notes dated 7-24-2015 show complaints of shoulder pain rated 5-6 out of 10 with radiation down the right arm resulting in forearm pain and hand pain with numbness and tingling. Recommendations include right shoulder injection, possible cervical facet blocks, continue use of anti-inflammatory medication continue physical therapy, additional chiropractic sessions, Robaxin, rest, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines, regional Neck Pain Official Disability Guidelines, Shoulder chapter.

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

Decision rationale: Based on the 7/24/15 progress report provided by the treating physician, this patient presents with shoulder pain, forearm pain, hand pain, tingling and numbness. The treater has asked for CHIROPRACTIC X 8 on 7/24/15. The patient's diagnoses per request for authorization form dated 7/30/15 are R Glenoid Tear and depressed mood. The patient is s/p 6 out of 8 physical therapy sessions, and is s/p 6 chiropractic sessions which helped with pain on back of shoulder per 7/24/15 report. Overall, patient's symptoms have continued and it has been radiating down right upper extremity causing paresthesias per 6/12/15 report. The patient is s/p right shoulder subacromial injection on 6/26/15 with improvement of posterior shoulder pain per 7/24/15 report. The patient is currently working with restrictions. MTUS Manual therapy & manipulation section, pages 58-59: 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 re-evaluate 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 b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. The patient has had 6 chiropractic visits between 5/29/15 and 7/24/15 reports which has helped with pain on posterior shoulder per 7/24/15 report. The treater has asked for additional chiropractic sessions. Given evidence of the patient's functional improvement, a short course of additional chiropractic treatment would be appropriate. MTUS allows a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, up to 18 sessions. The request for 8 additional sessions of Chiropractic Therapy appears to be reasonable. Therefore, the request is medically necessary.

Behavioral therapy x11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (PRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the 7/24/15 progress report provided by the treating physician, this patient presents with shoulder pain, forearm pain, hand pain, tingling and numbness. The treater has asked for BEHAVIORAL THERAPY X11 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization form dated 7/30/15 are R Glenoid Tear and depressed mood. The patient is s/p 6 out of 8 physical therapy sessions, and is s/p 6 chiropractic sessions which helped with pain on back of shoulder per 7/24/15 report. Overall, patient's symptoms have continued and it has been radiating down right upper extremity causing paresthesias per 6/12/15 report. The patient is s/p right shoulder subacromial injection on 6/26/15 with improvement of posterior shoulder pain per 7/24/15 report. The patient is currently working with restrictions. MTUS, Behavioral Interventions Section, page 23: Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions); In this case, the treater does not discuss this request in the reports provided. Review of the reports do not show any evidence of cognitive behavioral therapy being done in the past. However, it is not documented what the patient is suffering from, in terms of pain and psyche. It is not clear if the patient has had any behavioral therapy in the past. Without a more clear picture of the patient's etiology, the request cannot be substantiated. In addition, the request for 11 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.