MAXIMUS Federal Services

Case Number:	CM15-0182599		
Date Assigned:	10/01/2015	Date of Injury:	09/12/2014
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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: New Jersey
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 51 year old female who sustained an industrial injury on 09-12-2014. Medical records indicated the worker was treated for post-surgical right rotator cuff, chronic cervical strain, myofascial pain syndrome, and left upper arm radiculopathy. The worker had manipulation under anesthesia with arthroscopic capsular release and subacromial decompression resolution (11-20-2014). In the provider notes of 08-24-2015, the worker complain of constant slight right shoulder pain (no numeric rating is given) that becomes moderate with overhead work and lifting over 5 pounds. She also has left neck and left arm pain. On exam, she has restricted range of motion in abduction, flexion and internal rotation plus impingement sign. Cervical range of motion is restricted in right rotation with left neck pain in all range of motion. She has right grip strength loss, left ulnar tenderness over the bilateral medial epicondyles, bilateral positive Cozen's sign, and normal deep tendon reflexes. Treatment included spinal and extremity manipulation, ultrasound, therapeutic home exercise instruction and myofascial release. On 09-02-2015 provider notes "no improvement". In the provider note of 09-14-2015, the worker complains of arm numbness. The worker has completed at least 12 post-operative physical sessions, and 6 chiropractic care visits. A work release with restrictions was issued 08-24-2015. The treatment plan was for additional chiropractic visits. A request for authorization (09-04-2015) was submitted for Spinal manipulation three times a week for four weeks-total 12, extremity manipulation shoulder; ultrasound, infrared, therapeutic exercise (all modalities on as needed basis). A utilization review decision 09-14-2015 non-authorized the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation three times a week for four weeks=total 12, extremity manipulation shoulder; ultrasound, infrared, therapeutic exercise (all modalities on as needed basis): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, who had already completed 6 sessions of manipulation and associated modalities, a new request for an additional 12 sessions of manipulation was made for the purpose of treating the spine and shoulder areas. Upon review of the notes provided for review, there was insufficient reporting seen on how effective the previously completed manipulation sessions were at improving the overall function and reducing the pain, which would be needed to help justify this request. Without this evidence of effectiveness, additional manipulation is not medically necessary at this time.