

Case Number:	CM15-0184312		
Date Assigned:	09/24/2015	Date of Injury:	06/14/2013
Decision Date:	12/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/18/2015

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 65-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 14, 2013. In a Utilization Review report dated August 17, 2015, the claims administrator approved a request for MRI arthrography of the shoulder, x-rays of the shoulder, physical therapy of the cervical spine, physical therapy of the lumbar spine, manipulative therapy of the cervical spine, and manipulative therapy for the lumbar spine. The claims administrator referenced a July 22, 2015 office visit in its determination. On April 20, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of foot, low back, shoulder, upper back, and hip pain. On August 19, 2015, the applicant was given a rather proscriptive limitation of no lifting of more than 0 pounds. Neurontin, MR arthrography of the shoulder, x-ray imaging of the shoulder, physical therapy, manipulative therapy, and Neurontin were endorsed. The applicant had undergone an earlier failed shoulder surgery, it was reported. The attending provider suggested that the applicant had developed issues with adhesive capsulitis following the earlier shoulder rotator cuff repair surgery some one year prior. On May 20, 2015, Flexeril, Naprosyn, Protonix, and Internal Medicine consultation to control diabetes, 12 sessions of physical therapy and MR arthrography of the shoulder were endorsed while the applicant was kept off of work, on total temporary disability. On a handwritten note dated July 26, 2015, difficulty to follow, not entirely legible, the applicant reported having developed a frozen shoulder. Flexion is limited to 100 degrees. The applicant was described as having developed adhesive capsulitis following earlier failed left shoulder surgery, MR arthrography of the shoulder, x-rays of the shoulder, Naprosyn,

Protonix, and Flexeril were all endorsed while the applicant was a given rather proscriptive limitation of no use of left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: No, the request for x-ray imaging of the shoulder was not medically necessary, medically appropriate, or indicated here. The attending provider stated on the July 26, 2015 date of service at issue that the suspected diagnosis was adhesive capsulitis of the shoulder. However, the MTUS guideline in ACOEM Chapter 9, Table 9-2, page 203 notes that MRI imaging represents the imaging study of choice in applicants in whom adhesive capsulitis is suspected if the diagnosis is unclear. Here, the attending provider did not clearly state why plain imaging of shoulder was sought for a diagnosis, adhesive capsulitis, for which it is not the imaging study of choice, per the MTUS Guideline in ACOEM Chapter 9, Table 9-2, page 203. Therefore, the request is not medically necessary.

Physical therapy (PT) to the cervical spine 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for 12 sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented 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, i.e., the diagnosis 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 the various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same, which "clearly states treatment goals." Here, the applicant did not appear to be working with a rather proscriptive "no use of left arm" limitation on place on July 22, 2015. The applicant was placed off of work, on total temporary disability, it was acknowledged on May 27, 2015. The applicant remained dependent on a variety of analgesic medications, including Naprosyn and Flexeril, it was reported on that date. All of the foregoing, taken together,

suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. It did not appear likely that the applicant would stand to gain from further treatment, going forward. The attending provider's handwritten July 22, 2015 office visit, furthermore, was difficult to follow, thinly and sparsely developed, not altogether eligible, and did not clearly articulate clear treatment goals for further physical therapy, going forward. Therefore, the request is not medically necessary.

PT to the lumbar spine 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for 12 sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, 12 session course of treatment at issue, in and of itself, represented 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, i.e., the diagnosis 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with the prescription for the same, which "clearly states treatment goals." Here, however, the applicant did not appear to be working, the treating provider suggested on progress notes on July 22, 2015 and May 27, 2015. The applicant remained dependent on a variety of analgesic medications to include Flexeril, Naprosyn, etc., it was reported on those dates. It did not appear that the applicant had profited from receipt of earlier physical therapy in unspecified amounts over the course of the course of the claim in terms of the functional improvement parameters established in MTUS 9792.20e. The attending provider's handwritten July 22, 2015 progress note was difficult to follow, not entirely legible, and did not establish clear treatment goals for further therapy, going forward. Therefore, the request is not medically necessary.

Chiro to the cervical spine 3 times a week for 4 weeks: 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: Similarly, the request for 12 sessions of chiropractic manipulative therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants whom demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, the treating provider suggested on May 27, 2015 and July 22, 2015. It did not appear that the applicant had profited from earlier manipulative therapy, nor did it appear likely the applicant would stand to gain from further chiropractic treatment, going forward. Therefore, the request is not medically necessary.

Chiro to the lumbar spine 3 times a week for 4 weeks: 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: Finally, the request for 12 session of chiropractic manipulative therapy of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of treatment for applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, however, the applicant was not seemingly working, the treating provider suggested on office visits of July 22, 2015 and May 27, 2015. It did not appear the applicant had profited following receipt of earlier unspecified amounts of manipulative therapy through the date of the request, July 22, 2015, nor did it appear likely the applicant would stand to gain from further treatment, going forward. Therefore, the request is not medically necessary.