

Case Number:	CM15-0199402		
Date Assigned:	10/14/2015	Date of Injury:	10/07/2013
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 67 year old female, who sustained an industrial injury on 10-7-13. The injured worker was diagnosed as having degenerative joint disease lumbar spine; right shoulder osteoarthritis. Treatment to date has included status post lumbar fusion (12-18-13); status post right shoulder arthroplasty (5-27-14); physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker presents for a follow-up. She states with the naproxen she gets cramps that go down both legs. She wants to discuss an alternative to help her pain. She reports her pain is worse in the right shoulder. She complains of a feeling of tightness from her right shoulder proceeding down to the middle of the right humerus. Another provider she saw a week ago did not recommend surgery, but recommends physical therapy. His treatment plan is for physical therapy, chiropractic to include massage for the right shoulder. The injured worker is a status post lumbar fusion (12-18-13); status post right shoulder arthroplasty (5-27-14). Records indicate she has postoperative physical therapy. There is no other documentation of more recent therapeutic modalities; only medications. A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 9-15-15 and non-certification for In-house PT and 6 chiropractic sessions. A request for authorization has been received for In-house PT and 6 chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-house PT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is a recommended treatment. However, these guidelines also comment on the number of recommended treatment sessions. Regarding the number of treatment sessions, the MTUS guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the medical records indicate that the patient has already undergone a course of physical therapy X 6 weeks. There is no documentation in the medical records as to the outcome of these treatments. Further, it would be expected that the patient is now able to engage in a self-directed home exercise program. There is no documentation in the medical records to indicate why the patient is unable to engage in a home-exercise program. Further, there is insufficient documentation to justify "in-house physical therapy." Finally, the request does not indicate the number of treatment sessions requested. For these reasons, in-house physical therapy is not medically necessary.

6 chiropractic sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder Section: Manipulation/Chiropractic Therapy.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of chiropractic therapy as a treatment modality. In general, this form of therapy is recommended; however, there must be objective evidence of functional improvement after a trial of therapy to justify ongoing use. These guidelines comment on the use of chiropractic therapy for a number of different conditions. 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. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. For treatment of shoulder conditions, the Official Disability Guidelines comment on the use of this form of therapy. These guidelines state the following: There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but

this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. In this case the request for 6 sessions of chiropractic therapy exceeds the above cited Official Disability Guidelines and for this reason is not medically necessary.