

Case Number:	CM15-0029300		
Date Assigned:	02/23/2015	Date of Injury:	10/13/2009
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: Emergency 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 60 year old female injured worker suffered and industrial injury on 10/13/2009. The diagnoses were impingement syndrome to right shoulder and rotator cuff tear. The diagnostic studies were electromyography. The treatments were physical therapy, arthroscopy right shoulder. The treating provider reported right shoulder pain. On exam there was tenderness with positive impingement signs. The Utilization Review Determination on 1/27/2015 non-certified:
 1. Physical Therapy 2x4 for the right shoulder, modified for 4 sessions over 2 to 4 weeks, MTUS;
 2. Chiropractic Treatment 1x4 for the right shoulder, MTUS

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

Decision rationale: The requested Physical Therapy 2x4 for the right shoulder, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has right shoulder pain. On exam there was tenderness with positive impingement signs. The treating physician has not documented the medical necessity for additional therapy sessions beyond a minimum number of therapy sessions for a current trial before re-evaluation. The criteria noted above not having been met, Physical Therapy 2x4 for the right shoulder is not medically necessary.

Chiropractic Treatment 1x4 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

Decision rationale: The requested Chiropractic Treatment 1x4 for the right shoulder is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59; recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has right shoulder pain. On exam there was tenderness with positive impingement signs. The treating physician has not documented the medical necessity for chiropractic concurrently with physical therapy. The criteria noted above not having been met, Chiropractic Treatment 1x4 for the right shoulder is not medically necessary.