

Case Number:	CM15-0039780		
Date Assigned:	03/10/2015	Date of Injury:	10/20/2014
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a(n) 51 year old female, who sustained an industrial injury on 10/20/14. She reported pain in the right shoulder related to trying to catch a falling object. The injured worker was diagnosed as having right shoulder rotator cuff tear. Treatment to date has included right shoulder MRI and pain medications. As of the PR2 dated 1/8/15, the injured worker reports persistent pain in the right shoulder and also pain in the left shoulder from the modified duty. She had a second opinion on treatment options and was recommended to have a rotator cuff repair surgery. The treating physician noted positive impingement tests bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy/physiotherapy right should der/bicep only: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Manual Therapy and Manipulation Page(s): 98-99, 58-59, 8.

Decision rationale: This patient has a date of injury of 10/20/14 and presents with persistent right shoulder pain and stiffness. The patient has been recommended for right shoulder rotator cuff repair. The current request is for CHIROTHERAPY/PHYSIOTHERAPY RIGHT SHOULDER/BICEP ONLY. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Regarding Chiropractic, MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Request for Authorization is not provided in the medical file and the medical reports do not discussion this request. The exact number of completed physical therapy or chiropractic treatments to date and the objective response to therapy were not documented in the medical reports. In this case, recommendation cannot be made on an open-ended prescription for therapy. Given the lack of discussion regarding duration of treatment, the request IS NOT medically necessary.