

<b>Case Number:</b>	CM14-0002089		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 year old female with a date of injury on 7/12/2013. The patient has been treated for ongoing symptoms in the right shoulder. Subjective complaints are of right shoulder pain rated 4/10, described as a constant sharp pain. The right shoulder had a positive Hawkins-Kennedy test, and a decreased range of motion. An MRI of the right shoulder taken on 9/9/2013 showed supraspinatus tendinosis with a parital thickness tear, subscapularis tendinosis, infraspinatus tendinosis. The patient has been treated with Naproxen, physical therapy of approximately 15 visits, and chiropractic treatments. Despite chiropractic physiotherapy the patient remained symptomatic. Submitted documentation indicates that the patient previously had an orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY WITH A CHIROPRACTOR TIMES 4 SESSIONS FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, section on Physical Therapy.

**Decision rationale:** The MTUS Chronic Pain Guidelines suggests a trial of manual therapy of 6 visits over 2 weeks, and if objective functional improvement up to 18 sessions over 6-8 weeks. The MTUS Guidelines also suggest therapy 1-2 times a week for two weeks, depending on severity treatment may continue at 1 treatment per week for the next 6 weeks. If chiropractic care is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The ODG states that physical therapy for rotator cuff/impingement syndrome is 10 visits over 8 weeks. This patient has already received sessions of chiropractic care and physical therapy without clear evidence of functional improvement. Further sessions of chiropractic physical therapy would exceed Guideline recommendations. Therefore, the request for further chiropractic care is not medically necessary and appropriate.

**CONSULTATION WITH AN ORTHOPEDIST FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** The ACOEM Guidelines indicate that consultations can be obtained to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability. The ODG recommends office visits are determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. For this patient, an orthopedic consultation is already evident in the submitted documentation. Therefore, the medical necessity of additional orthopedic consultation is not established. The request is not medically necessary and appropriate.