

<b>Case Number:</b>	CM14-0112349		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 71-year-old male who has submitted a claim for cervical strain/sprain, right shoulder impingement, and adhesive capsulitis associated with an industrial injury date of 10/16/2003. Medical records from 1/20/2014 up to 6/5/2014 were reviewed showing continued pain of his right shoulder. The patient states that he is making great gains after attending physical therapy. His overall strength and motion are better. Physical examination of his right shoulder revealed mild tenderness laterally. Muscle strength is 5/5. He has good control over his hand and arm. Treatment to date has included physical therapy and chiropractic care. Utilization review from 7/9/2014 denied the request for Chiropractor cervical right shoulder and Physiotherapy cervical right shoulder. The records submitted are somewhat "confusing and scanty." There is no updated exam with pain level, ROMs, orthopedic test, motor, etc. Therefore the overall response to care and functional gains is unknown.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor cervical right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulations.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. As per ODG there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder. 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. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. In this case, the patient has undergone at least 5 chiropractic sessions with some functional improvement and decrease in pain. Extension of services may be recommended. However, the current request does not indicate the number of visits prescribed. Therefore the request for Chiropractor Cervical Right Shoulder is not medically necessary.

**Physiotherapy cervical right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guideline recommends 9-10 visits over 8 weeks for myalgia and myositis and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. In this case, the patient has completed at least 12 physical therapy visits. The patient has noted that he is making great gains after attending physical therapy. His overall strength and motion are better. His muscle strength is 5/5. However, the current request does not indicate the number of visits prescribed. Moreover, the patient has completed at least 12 visits and should be started with a home exercise program by now. Therefore the request for Physiotherapy Cervical Right Shoulder is not medically necessary.