

Case Number:	CM14-0112625		
Date Assigned:	09/22/2014	Date of Injury:	03/18/2011
Decision Date:	11/05/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation 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 51-year-old male who has submitted a claim for left shoulder labral tear; cervical sprain/strain; cervical radiculopathy; moderate sensorineural severe mixed hearing which associated with an industrial injury date of 03/18/11. Medical records from 2013 to 2014 were reviewed. The patient apparently sustained his injury while working in his capacity as a truck driver when the truck he was on that was driven by his co-worker hit a barrier and caused him to slam into the wall of the vehicle head first. This was followed by note of decreased hearing bilaterally and left shoulder pain. Subsequently, he consulted with an MD. Imaging studies were done. The patient had medical clearance prior to left shoulder arthroscopy. The patient was given medications, was off from work permanently and had 6 physical therapy treatments in the past, however there were no objective documentations regarding treatment response nor functional improvement with treatment. Likewise, Physical therapy RFAs dated 05/23/14, 05/29/14 and 06/05/14 were noted, however there was no note in the documentations submitted if these were certified. 08/08/14 handwritten progress report notes patient had persistent left shoulder pain that interferes with his sleep and is bad enough to necessitate surgery. There was also noted popping and clicking as well as tenderness at the cervicothoracic spine that was worse with activities. On physical examination, there were no signs of infection, there was tenderness at the subacromial bursa. There was likewise tenderness at the cervicothoracic paraspinal muscles with note of restricted ROM. Plan was for cardiac clearance prior to left shoulder arthroscopy once cleared, OTC pain medications and physical therapy 3x/week for 6 weeks. Treatment to date has included a total of 6 visits for physical therapy and medications. Utilization review date of 06/19/14 denied the request for physical therapy or chiropractic therapy treatments 3x/week for 6 weeks (cervical spine) because the documentation noted the patient had been authorized an unknown

number of physical therapy sessions and it was unclear if the patient had participated in these sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy or chiropractic treatments: 3x/ week for 6 weeks (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines active therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 59-60, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Neck & Upper back, Physical therapy

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. The intended goal of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. A time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical medicine on the other hand is recommended and that given frequency should be tapered and transition into a self-directed home program. Also, according to the Official Disability Guidelines, it is recommended to have an initial 6 visit to assess for efficacy with maximum of 10 visits over 8 weeks. In this case, the patient has cervical spine and left shoulder pain. Physical examination showed decreased ROM and tenderness of the cervical spine as well as tenderness at the subacromial bursa. Patient had note of 6 previous physical therapy visits, however, there were no documentations for these nor were there note of objective improvement nor functional gains with treatment. Also, chiropractic care is not recommended for the cervical area. Likewise, it is not clear whether the request is for physical therapy or chiropractic therapy. Therefore, the request for Physical therapy or chiropractic treatments 3x/ week for 6 weeks (cervical spine) is not medically necessary.