

Case Number:	CM14-0210405		
Date Assigned:	12/23/2014	Date of Injury:	09/20/2005
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand pain reportedly associated with an industrial injury of September 20, 2005. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy for the shoulder. The MTUS Guideline in ACOEM Chapter 9 was invoked, along with non-MTUS ODG Guidelines. Also cited were progress notes of October 29, 2014 and October 1, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 20, 2014, the applicant was placed off of work, on total temporary disability, while 12 sessions of physical therapy and 12 sessions of manipulative therapy were endorsed, through preprinted checkboxes, along with naproxen, Prilosec, and Ultram. The right shoulder did appear to be the primary pain generator. In an earlier note dated October 1, 2014, the applicant was placed off of work, on total temporary disability, while topical compounds, naproxen, Prilosec, acupuncture, and MRI imaging of the shoulder were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT/Physical therapy for the right shoulder, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The 12-session course of physical therapy at issue represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of chiropractic manipulative therapy for the shoulder. The 12-session course of manipulative therapy at issue, however, does likewise represent treatment in excess of the "few weeks" of treatment recommended in the MTUS Guideline in ACOEM Chapter 9, page 203 for manipulation involving the shoulder, the primary pain generator here. The attending provider's handwritten progress note was difficult to follow, sparse, not entirely legible, and did not clearly detail or recount what treatment or treatments had transpired to date, it is further noted. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. The lengthy, 12-session course of chiropractic manipulative therapy and physical therapy at issue here, thus, does not, by implication, contain a provision to re-evaluate the applicant in the midst of treatment so as to ensure ongoing program progression and functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.