

<b>Case Number:</b>	CM14-0213942		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 injured worker is a 38-year-old female who has reported neck, shoulder and upper extremity pain after an injury of 01/04/2013. The current diagnoses include status post right shoulder arthroscopic subacromial decompression, right wrist carpal tunnel syndrome, and cervical strain. Treatments have included right shoulder arthroscopic subacromial decompression on 02/10/2014, right carpal tunnel corticosteroid injection, medications, and physical therapy. The treating physician reports refer to post-operative therapy for the shoulder through at least May. None of the reports discuss the specific quantity of physical therapy or the specific results. Reports from the treating surgeon during 2014 show good strength and range of motion after the surgery, with ongoing neck and shoulder pain. On 10/7/14 there was neck, shoulder, hand and wrist pain with paresthesias. Shoulder range of motion was full and strength was 5-/5. Wrist range of motion was good and strength was 5-/5. The work status was modified. The treatment plan included "chiropractic physical therapy work conditioning" for the neck and right upper extremity. There was no discussion of the indications for this treatment. On 11/13/2014, Utilization Review non-certified 12 visits of chiropractic treatment, physical therapy, and a work conditioning program for the neck and right upper extremity. A 6 visit trial of chiropractic was certified. The UR physician noted twenty-four prior physical therapy visits. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 x 4 to the neck and right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee". This prescription includes the "upper extremity", which implies treatment of the carpal tunnel syndrome and/or the wrist and hand, as these are symptomatic areas. Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. 12 visits exceed the recommended initial course per the MTUS. No manual and manipulative therapy is medically necessary based on the prescription for treating body parts not recommended in the MTUS, and a prescription which exceeds that recommended in the MTUS. Therefore, the request is not medically necessary.

**Physical therapy 3 x 4 to the neck and right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The 6 month post-operative period has elapsed. Medical necessity for any further physical medicine treatment is evaluated per the chronic pain section of the MTUS. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. The function of the shoulder, wrist, and hand are normal or near normal per the latest report. The treating physician did not describe specific functional deficits to be addressed in physical therapy. The current physical therapy prescription (12 visits) exceeds the quantity recommended in the MTUS (up to 10). The injured worker has already attended a long course of post-operative physical therapy, 24 visits per the available reports. The treating physician has not discussed the results of those visits and reasons why further physical therapy for the shoulder is indicated. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is possible that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive

modalities for treating chronic pain. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the lack of a sufficient prescription and treatment plan.

**Work conditioning program 3 x 4 to the neck and right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 126.

**Decision rationale:** The treating physician is recommending Work Conditioning but has not provided a prescription which adequately addresses the requirements of the MTUS. The frequency, duration, content and intensity of the proposed Work Conditioning program are not consistent with the recommendations of the MTUS. Note the MTUS recommendations for an initial course of Work Conditioning, and the expected duration, hours/day, and days/week. There is no evidence that the employer has an explicit agreement to return this patient to work contingent upon completion of a Work Conditioning program. No formal, employer-approved job/physical demands analysis is in evidence. There is no evidence that the treating physician has consulted an employer-approved job/physical demands analysis prior to prescribing Work Hardening/Work Conditioning. Work Hardening/Work Conditioning programs are for patients whose occupations require a Medium or higher demand level. This patient's occupation was not described. Work Conditioning is not medically necessary in this case because the treating physician has not provided the necessary components of the Work Conditioning program as recommended in the MTUS, and because the injured worker does not meet the necessary criteria listed in the MTUS. Therefore, the request is not medically necessary.