

Case Number:	CM15-0005153		
Date Assigned:	01/16/2015	Date of Injury:	06/19/2012
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury due to cumulative trauma between 10/16/2011-06/19/2012. She has reported subsequent bilateral shoulder, right elbow and upper extremity pain and was diagnosed with left shoulder impingement status post right shoulder arthroscopy and medial epicondylitis of the left elbow. Treatment to date has included oral pain medication, injections, a home exercise program, massage therapy and physical therapy. A PR-2 from 11/04/2014 notes that the injured worker was having increased pain that was keeping her up at night and decreased range of motion that was affecting activities of daily living. The majority of the progress note is illegible so the objective examination findings are uncertain although it does appear that there was tenderness to palpation in the right shoulder. A request for 12 sessions of physical and occupational therapy was made. On 12/15/2014, Utilization Review non-certified requests for physical and chiropractic therapy noting that it was unclear why a home exercise program could not address signs and symptoms and that it was not clear that chiropractic therapy provided objective benefit. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 right shoulder: Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral shoulder, right elbow and upper extremity. The current request is for PT 2x6 right shoulder. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions over 4 weeks and the patient is expected to then continue on with a home exercise program. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the reports provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.

Chiropractic treatment 2x6 right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain affecting the bilateral shoulder, right elbow and upper extremity. The current request is for Chiropractic treatment 2x6 right shoulder. The requesting treating physician report does not provide any rationale for the current request. MTUS guidelines do not specifically address chiropractic treatment for the shoulder. MTUS guidelines states the following: "Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks." MTUS goes on to state, "Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." In this case, the physician is asking for 12 visits of chiropractic treatment, and the MTUS guidelines require documented functional improvement beyond 4-6 visits. Furthermore, the MTUS guidelines recommend treatment at a frequency of 1 to 2 times per week for the first 2 weeks, then treatment can continue at 1 per week for 6 weeks. The current request does not satisfy the MTUS guidelines as outlined on pages 58-59. Recommendation is for denial.