MAXIMUS Federal Services

Case Number:	CM15-0090954		
Date Assigned:	05/15/2015	Date of Injury:	06/07/2012
Decision Date:	07/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: Pennsylvania, Ohio, California
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 74 year old female who reported an industrial injury on 6/7/2012. Her diagnoses, and/or impressions, are noted to include: cervical/scapular strain; right elbow contusion; and status-post right shoulder arthroscopy (10/11/12). No current imaging studies are noted. Her treatments have included diagnostic x-rays and magnetic resonance imaging studies of the right shoulder; anti-inflammatories; physical therapy; a sling; right shoulder arthroscopy (10/11/12); an agreed medical examination on 4/24/2014; rest from work before returning to work with restrictions; chiropractic treatments; and medication management. The progress notes of 3/30/2015 reported significant, intermittent pain in the right shoulder with limited range-of-motion. She stated the pain radiated into her neck and down her right arm, was associated with numbness/tingling/cramping/throbbing/stabbing/stiffness and dull pain sensations, along with popping and weakness;, and was aggravated by physical activity. Also complained of was significant, intermittent radiating neck pain, into the right shoulder and associated with cramping/throbbing/aching/dull pain sensations/stiffness/popping and weakness, with limited range-of-motion and was aggravated by activity. The objective findings were noted to include tenderness, negative Spurling's test, and some decreased range-of-motion in the cervical spine; as well as healed right shoulder scars with tenderness, decreased range-of-motion, decreased strength, positive Neer's and Hawkins-Kennedy signs, and negative drop arm sign in the right shoulder. The physician's requests for treatments were noted to include physiotherapy and chiropractic treatments for the right shoulder, laboratory studies, and acupuncture treatments for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 12 sessions right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Chiropractic Therapy Manipulation 3x4 week 12 sessions right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Manual Therapy and Manipulation Page(s): 98-99, 58.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for supervised chiropractic rather than independent home rehabilitation. Additionally MTUS does not support maintenance chiropractic treatment. This request is not medically necessary.

Labs - CBC, CHEM 8, CPK, CRP, Hepatic Panel, Arthritis Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/Package Inserts Page(s): 70.

Decision rationale: MTUS recommends focused laboratory studies to periodically assess renal and hepatic function, including monitoring of a CBC and chemistry tests. A rationale for more

extensive testing as requested at this time is not apparent in the records or guidelines. This request is not medically necessary.

Acupuncture 12 sessions right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS recommends acupuncture as an option to defer surgical intervention or hasten functional recovery. Neither of these goals is clearly documented in the records. Moreover, MTUS recommends at most up to 6 initial acupuncture treatments; the rationale for a request for 12 sessions is not apparent. For these reasons this request is not medically necessary.