MAXIMUS Federal Services

Case Number:	CM13-0006656		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	04/10/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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 Licensed in Chiropractic, 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 47 year old male who was injured on 09/13/2012 while he lifted the big pot of water feeling something pulling in his shoulder. Prior treatment history has included pain medications, TENS unit, ultrasound and physiotherapy. The patient underwent left shoulder arthroscopy, debridement and partial synovectomy and left shoulder anterior capsulotherapy on 12/17/2013. Diagnostic studies reviewed include an MRI scan dated 12/05/2012 revealing partial thickness tear of the infraspinatus tendon. Progress note summary of the effects of chiropractic treatment on function and ADL dated 10/11/2013 documented the patient referred for chiropractic treatment and associated physiotherapy which began on 09/25/2013, and re-examination occurred on 10/011/2013. The patient has a total of 6 visits. Since the last examination subjective complaints from constant to frequent and is able to sleep better. Objective findings on exam included range of motion in the cervical region within normal limits. Left shoulder range of motion improvement: flexion 95 to 110/180 degrees, extension 28 to 35/50 degrees, abduction 100 to 135/180 degrees, adduction 32 to 35 degrees, internal rotation 50 to 60/90 degrees and external rotation 45 to 60/90 degrees. Due to improvement noted on most recent re-evaluation we request 8 additional visits of chiropractic treatment. PR-2 progress note dated 12/03/2013 documented the patient with complaints of pain to the left shoulder with burning sensation. He rated his pain 4-5/10. Objective findings on exam include range of motion tender to palpation of the left infraspinatus process. PR-2 progress noted dated 01/06/201 documented the patient with complaints of left shoulder pain with decreased mobility of left arm. PR-2 progress noted dated 02/13/2014 documented the patient states improvement in pain by 50%. Currently attending PT with increased pain after sessions. Attenuated with Naproxen prn. Physiotherapy daily note documented the patient with complaints of pain with severity at worst 8/10. Progress report dated 01/16/2014 documented the patient with complaints of pain in the

left shoulder, but improving. Objective findings on exam included neurovascular exam is intact. Recommendation was to continue immobilization for one week. Progress report dated 02/27/2014 documented the patient stating pain of left shoulder is improving, but still has stiffness in the shoulder itself. Objective findings on exam include he can forward flex the shoulder 90 degrees and abduct it to 90 degrees. Recommendation made that he will require a continued course of therapy for range of motion and strengthening. PR-2 progress report dated 03/14/2014 documented the patient with complaints pain at a level 3/10. He reports PT x 6 visits with good benefits with +1IEP/Tens. Objective findings on exam included range of motion of left shoulder tender to palpation. Decreased range of motion with abduction at 90 degrees, internal and external rotation. Four surgical incisions well-healed. A postoperative examination supplemental report with date unknown documented the patient reports improvement of the pain of the left shoulder following surgery. His postoperative pain has been well managed with Percocet. Objective findings on examination included neurovascularly, is intact in the axillary distribution as well as distally. Treatment plan was for the patient to begin performing pendulum exercises as instructed several times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiro Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: According to SB 899 all workers injured on or after Jan. 1, 2004, are limited to a maximum of 24 chiropractic visits per industrial injury. The patient has had 30 visits. Any additional visits authorized beyond the first 24 must be done in coordination with the Claims Administrator and should be pre-approved. As per the CA MTUS guidelines, chiropractic care is recommended for achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients' therapeutic exercise program and return to productive activities. This has been demonstrated. Although, regarding the frequency of treatment the guidelines indicate that frequency should be 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition and then 1 treatment per week for the next 6 weeks. The request is for 12 visits which exceeds the guidelines recommendation. Therefore, the request is non-certified.