

Case Number:	CM13-0036465		
Date Assigned:	12/13/2013	Date of Injury:	12/04/2012
Decision Date:	02/17/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 32-year-old female who reported an injury on December 04, 2012. The mechanism of injury was stated to be that the patient was scrubbing the floor underneath a table. The patient was noted to have pain that was localized to the tip of the left shoulder and aggravated by resisted left arm abduction and elevation. The patient's diagnoses were noted to include left shoulder pain, left shoulder internal derangement, and left shoulder myospasm. The patient was noted to undergo a subacromial decompression on April 08, 2013. The request was made per the physician's documentation for chiropractic treatment twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Chiro/Physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, ODG Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. However, it does not specifically address the shoulder. As such alternative guidelines were sought. The Official Disability Guidelines indicates that treatment should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy and the number of visits are noted to be 9 visits. The patient was noted to have an MRI of the left shoulder on January 22, 2013 which revealed synovial hypertrophy of the axillary recess. There was noted to be type II acromion along the coracoacromial arch. The supraspinatus tendons were noted to demonstrate fraying and ulceration of the bursal surface at the anterior edge of the insertion of the SST with associated subdeltoid bursitis and an estimated partial 50% tear of the supraspinatus tendon. The clinical documentation submitted for review failed to provide the necessity for 12 sessions of chiropractic care. As per the Official Disability Guidelines, this would be excessive. Therefore the request for 12 sessions of chiro/physiotherapy is not medically necessary.