

Case Number:	CM13-0039957		
Date Assigned:	12/20/2013	Date of Injury:	11/17/1999
Decision Date:	03/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

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 Board Certified 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:

This case involves a 41-year-old male who sustained injury on 11/17/1999 to his right shoulder. He had right shoulder arthroscopic surgery and completed 34 sessions of therapy postoperatively. A note dated 09/23/2013, by [REDACTED] indicates that he presented with increased right shoulder pain with weather changes, numbness, and radiating pain into cervical spine. He has increased headaches. Objective findings indicate that x-rays of cervical spine showed no acute changes. There were no acute neurological changes, no gross instability, the overlying skin looks good, and abduction/flexion at 160 and external rotation (ER) at 25. He was diagnosed with right shoulder sprain, with possible internal derangement. The treatment plan was Arthrotec, Tylenol OTC, home pulley system, and physical therapy (PT) or chiropractic treatment three (3) times a week for six (6) weeks. His most recent exam dated 11/25/2013, by [REDACTED] indicates that he presented with shoulder pain, popping and some numbness, worse with weather changes. The objective findings indicate that x-rays of thoracic spine showed no acute changes. The overlying skin looks good, no acute neurological changes, no gross instability, and abduction/flexion at 160 and external rotation (ER) at 25. He was diagnosed with right shoulder sprain, with possible internal derangement. Treatment plan was prescribed Arthrotec, Tylenol OTC, home pulley system, home exercises as directed, and complete blood count (CBC) complete chemistry panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three (3) times per week for six (6) weeks to the 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 the Chronic Pain Medical Treatment Guidelines, Manual therapy & Manipulation, pages 58-60. Page(.

Decision rationale: This 41-year-old male has previously completed a total of at least forty (40) visits of therapy, with no documentation of objective functional improvement. His range of motion (ROM) documented by the provider was flexion/abduction at 160 and external rotation (ER) at 25, at least since January 2013. The request is for chiropractic treatment three (3) times a week for six (6) weeks for the right shoulder. The Chronic Pain Guidelines indicate that the recommended frequency is one to two (1 to 2) times for the first two (2) weeks, as indicated by the severity of the condition and then may continue at one (1) treatment per week for the next six (6) weeks. Since the request exceeds the recommended allowance of treatment, the request is non-certified.