

Case Number:	CM13-0057998		
Date Assigned:	02/07/2014	Date of Injury:	12/07/2012
Decision Date:	04/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 50-year-old female who was injured on 12/7/12. She was a pedestrian that was struck and knocked down by a bicyclist. She has been diagnosed with postoperative right shoulder pain; postoperative right knee pain; plantar fasciitis; secondary sleep deprivation; secondary stress and anxiety. The surgeries were in 2012. According to the 11/14/13 chiropractic report, from ■■■■■, The patient presents with constant sharp right shoulder pain, intermittent right knee pain, bilateral foot pain, burning and numbness and difficulty with sleep due to pain and stress and anxiety related to pain. On exam, impingement was positive on the right shoulder, apley's test positive right. The knee was tender at the medial and lateral joint space on the right. The plan was for CT scan of the right knee and shoulder; chiropractic care 1x6 and an orthopedic evaluation. On 11/25/13, UR recommended against chiropractic care and the CT scans of the right knee and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE RIGHT KNEE AND THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: According to the 11/14/13 chiropractic report, from [REDACTED], The patient presents with constant sharp right shoulder pain, intermittent right knee pain, bilateral foot pain, burning and numbness and difficulty with sleep due to pain and stress and anxiety related to pain. There does not appear to be a rationale provided for the CT scans. The patient was reported to have had the surgeries in 2012, operative reports were not provided for review, and it does not appear that the condition has worsened. There was no mention of subsequent trauma. There are no red flags. The request does not appear to be in accordance with MTUS/ACOEM guidelines.

CHIROPRACTIC TREATMENT ONCE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 30,58.

Decision rationale: According to the 11/14/13 chiropractic report, from [REDACTED] The patient presents with constant sharp right shoulder pain, intermittent right knee pain, bilateral foot pain, burning and numbness and difficulty with sleep due to pain and stress and anxiety related to pain. MTUS Chronic pain guidelines for chiropractic care did not address the shoulder, but states chiropractic is recommended for chronic pain if caused by musculoskeletal conditions. MTUS specifically states chiropractic care is not recommended for the knee, or foot or ankles. MTUS/ACOEM shoulder chapter states manipulation can be used for frozen shoulder or TOS. The patient does not have frozen shoulder or TOS. It does not appear that the patient has a condition that MTUS or ACOEM would support chiropractic care for.