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| Case Number: | CM14-0002315 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 04/17/2012 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 12/29/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 Chiropractor and Acupuncture and is licensed to practice in 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 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 injured worker is a 58-year-old female who reported an injury on 04/17/2012. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be chiropractic care, acupuncture, and medications. Her diagnoses were noted to be left shoulder impingement, status post decompression, with acromioplasty, rotator cuff repair, and distal clavicle resection surgery. In an examination on 12/23/2013, it was noted that the injured worker is status post left shoulder decompression, distal clavicle resection. It was noted in the physical examination that injured worker had excellent wound healing, no signs of infection. She tolerated 0 to 135 degrees active forward flexion, forward elevation and abduction. She had 4/5 motor strength of her rotator cuff muscles. She had mild pain at the terminal range of left shoulder motion. The injured worker had no instability to anterior, inferior, posterior ligamentous stress testing. The treatment plan was for the injured worker to continue therapy for 2 additional months, and then be placed on a complete home exercise program. The injured worker will return to work on an as needed basis. The provider's rationale for the request is not provided within the documentation. A request for authorization for medical treatment was dated 12/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE CHIROPRACTIC THERAPY FOR THE UPPER EXTREMITIES 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 22, 21.

Decision rationale: The request for postoperative chiropractic therapy for the upper extremities 2x4 is non-certified. The clinical documentation provided for review indicates that the injured worker had previous therapy of chiropractic care, acupuncture, and medications. It is not clear how many postoperative chiropractic visits the injured worker had completed. The California MTUS Postsurgical Treatment Guidelines provide recommendations for postoperative physical medicine. In the case of this particular request, it is not clear what upper extremity is indicated for the chiropractic therapy. The injured worker has had a right hand and wrist de Quervain's release surgery, a left shoulder decompression, distal clavicle resection, and right third finger trigger finger release. The guidelines provide visits based on the surgery indicated. Because of the request nonspecific to a body part for chiropractic therapy postoperatively and because there have already been chiropractic sessions without any documentation of efficacy or number, the request for the postoperative chiropractic therapy for the upper extremities 2x4 is non-certified.