

Case Number:	CM14-0126804		
Date Assigned:	08/13/2014	Date of Injury:	04/12/2014
Decision Date:	09/16/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on 4/12/14. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated 6/25/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder mild evidence of scapula thoracic dyskinesia, positive Hawkins test and Neer's test. There was also positive cross arm adduction. Muscle strength was 4/5 with pain. Mild AC joint pain with palpation. Slightly limited range of motion with pain. Diagnostic imaging studies included a nerve conduction study, dated 6/10/2014, which revealed median nerve entrapment at the right wrist consistent with carpal tunnel syndrome, and entrapment at the ulnar nerve across both elbows consistent with cubital tunnel syndrome. MRI of the right shoulder, dated 6/10/2014, revealed full thickness supraspinatus tendon tear, partial thickness tear infraspinatus tendon, calcific tendinosis/bursitis, and arthritis glenohumeral joint. Previous treatment included conservative treatment. A request had been made for chiropractic treatments 3 times a week times 2 weeks #6 and was not certified in the pre-authorization process on 7/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 3x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The California MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for musculoskeletal pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. As such, this request is not considered medically necessary.