

Case Number:	CM14-0137784		
Date Assigned:	09/05/2014	Date of Injury:	09/06/2012
Decision Date:	10/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 31-year-old female who was injured on September 6, 2012. The medical records provided for review included an August 7, 2014, assessment noting that the claimant had complaints of pain in the left trapezius, left shoulder, and thoracic spine and was diagnosed with left shoulder strain and sprain, thoracic strain and sprain, rotator cuff sprain and impingement. Physical examination of the shoulder revealed full range of motion with no impingement signs, no rotator cuff weakness or tenderness to palpation. Cervical and thoracic examination showed no restricted motion or tenderness to palpation. Examination of the lumbar spine revealed tenderness with paravertebral palpation. Recommendations at that time, given the claimant's current clinical presentation were for orthopedic consultation for the shoulder since the prescribed physical therapy had been completed and twelve additional sessions of chiropractic treatment. Documentation of conservative treatment included chiropractic care, medication management, physical therapy and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California ACOEM Guidelines, the request for orthopedic consultation cannot be recommended as medically necessary. The medical records document that the last examination fails to identify any positive objective examination findings that would support the need for an orthopedic evaluation as there was no evidence of impingement, weakness, motion deficit or mechanical findings. Without documentation of imaging and objective findings demonstrating need for further orthopedic assessment, the request in this case would not be supported and is not medically necessary.

Chiropractic treatments: 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), Low back - Lumber & Thoracic (acute and Chronic)

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

Decision rationale: The medical records document that the claimant is over two years post injury and has already undergone significant chiropractic measures. The MTUS Chronic Pain Guidelines indicate that chiropractic treatment should be utilized for a maximum duration of eight weeks with a timeframe to demonstrate functional improvement in four to six treatments. The request for continuation of further chiropractic care for twelve additional sessions would exceed the Chronic Pain Guideline criteria and would not be indicated at this stage in the claimant's course of care. Therefore, the request is not medically necessary.