

Case Number:	CM14-0158751		
Date Assigned:	10/02/2014	Date of Injury:	12/13/2013
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/28/2014

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 Geriatrics and is licensed to practice in New York. 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 37 year old woman with a date of injury of 12/13/13. She was seen by her primary treating physician on 8/5/14 and was showing steady improvement in her neck and right shoulder. Her left shoulder was also said to be better but she was concerned with weakness. She continued to complete her exercises to strengthen her left shoulder. Her exam showed full active range of motion of the cervical spine and right shoulder with minimal discomfort. She had increasing active range of motion of her left shoulder with weakness on abduction and flexion. There was also fasciculations to her left shoulder muscles with movement. Her diagnoses were rotator cuff repair - left shoulder, right shoulder injury and right trapezius / scapular pain, segmental dysfunction cervical spine and post traumatic myofascial pain. At issue in this review is the request for chiropractic to the left shoulder, work conditioning to the left shoulder and orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro X8 for Left Shoulder: 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): 58-60.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. In this injured worker, chiropractic care has already been utilized. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of an additional 8 sessions of chiropractic therapy to the left shoulder. Therefore, Chiro X8 for Left Shoulder is not medically necessary.

Work Conditions X8 for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: This injured worker does not meet the criteria for work conditioning. She is improving with current therapy and the notes do not document functional limitations and her injury is not > two years prior and there is no documentation of a defined return to work goal or definition of expected benefit. Work conditioning x 8 to the left shoulder is not substantiated in the records. Therefore, Work Conditions X8 for Left Shoulder is not medically necessary.

Orthopedic Evaluation for Assessment and Possible Treatment of Bilateral Shoulders Injuries and for Pain Management (i.e Prescription Medications): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

Decision rationale: This injured worker was denied a request for an Orthopedic Evaluation for Assessment and Possible Treatment of Bilateral Shoulders Injuries and for Pain Management. She is status post left rotator cuff surgery. There are no red flag symptoms or signs on exam or by history which would be indications for immediate referral. Surgery is considered for partial-thickness rotator cuff tears and small full-thickness tears presenting primarily as impingement, surgery is reserved for cases failing conservative therapy for three months. The medical records do not support the medical necessity of an orthopedic surgeon evaluation. Therefore, Orthopedic Evaluation for Assessment and Possible Treatment of Bilateral Shoulders Injuries and for Pain Management (i.e. Prescription Medications) is not medically necessary.