

Case Number:	CM14-0180719		
Date Assigned:	11/05/2014	Date of Injury:	01/28/2014
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	10/30/2014

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 & Rehabilitation 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 62-year-old gentleman with a date of injury of 1/28/14. Mechanism of injury was being hit in the left anterior chest with a buffer, while buffing a propane tank. He initially had severe chest pain. Initial diagnoses included chest wall strain and left pectoralis strain. Conservative care was initiated, including medications, PT and modified duty. He responded to PT and acupuncture was added. Though chest wall pain improved with PT, he began having shoulder pain at the left shoulder. 3/06/14 evaluation showed reduced ROM with 165 of flexion, but otherwise normal extension, abduction, abduction, internal rotation, and external rotation. Request was made for ortho consultation. Ortho evaluation was done in March 2014, and a subacromial injection was done. MRI on 5/01/14 showed AC osteoarthritis, a humeral head subchondral cyst, and RTC tendinitis. The patient initiated care with a new PTP in April, and further diagnoses of supraspinatus/infraspinatus tendinitis, left forearm contusion, lateral epicondylitis and insomnia were added. Further care, including PT, chiropractic care and TPI were done. The new PTP made the patient TTD. Though there was some subjective response to care, the patient remained off work. 7/28/14 exam showed normal ROM and negative orthopedic tests, but with residual tender points. By 8/25/14, the patient had completed 16 additional PT sessions, 10 chiropractic sessions and 14 acupuncture sessions. Left shoulder exam remained essentially normal and the patient remained off work. An FCE and additional chiro were requested. This was submitted to Utilization Review on 10/28/14, with the requested denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six weekly chiropractic evaluation and treatment sessions to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation

Decision rationale: ACOEM Guidelines do support manipulation as effective for patients with frozen shoulders. The CA MTUS does not discuss the shoulder with regards to chiropractic care/manual therapy. Therefore, consider ODG, which states that up to 9 sessions of chiropractic care are supported for a sprain/strain of the shoulder. In this case, the patient does not have a frozen shoulder, and, in fact, has normal ROM and normal orthopedic tests. He has completed extensive manual care, including 16 sessions of PT and 10 sessions of chiro. He has also had 14 sessions of acupuncture. Despite extensive care to date, he remains TTD with no clear evidence of any clinical significant objective/functional progression. There is no clear indication for extension of chiro past guideline recommendations versus doing a self-directed home exercise program at this juncture. Medical necessity for additional chiropractic treatment of the left shoulder is not established.

One referral for a functional capacity evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 57.

Decision rationale: Guidelines do support use of the FCE when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a return to work. In difficult cases, these studies are used in helping determine the impairment rating. In this case, despite extensive treatment to date, the patient remains TTD (off work). An FCE is appropriate at this time to assist the doctor in determining appropriate work restrictions and facilitate a return to modified duty and eventually full duty. A Functional Capacity Evaluation is medically necessary.