

Case Number:	CM14-0021932		
Date Assigned:	05/12/2014	Date of Injury:	11/03/2010
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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 Maryland. 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 54 year old female whose date of injury is 11/03/2010. The mechanism of injury is described as a slip and fall. The injured worker is status post anterior cervical decompression and fusion C4-5, C5-6, C6-7 on 04/25/13. MRI of the left shoulder dated 08/21/13 revealed moderate rotator cuff tendinosis with partial under and superior surface tear, supraspinatus tendon, with possible full thickness perforation with downsloping acromion and acromioclavicular degenerative change. Electrodiagnostic study dated 10/24/13 is a normal study. Note dated 11/07/13 indicates that the injured worker continues to complain of left shoulder pain rated as 6/10. Diagnoses are left shoulder adhesive capsulitis, left shoulder bursitis/impingement, left shoulder symptomatic acromioclavicular degenerative joint disease, and left shoulder rotator cuff tear. The injured worker was recommended to continue her home exercise program and for additional chiropractic treatment. Physical examination on 01/10/14 indicates left shoulder range of motion is flexion 130, abduction 120, internal rotation 60 and external rotation 50 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC SESSIONS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for eight chiropractic sessions for the left shoulder is not recommended as medically necessary. The submitted records indicate the injured worker has undergone extensive chiropractic treatment to date. CA MTUS guidelines would support 1-2 sessions every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The patient has completed sufficient chiropractic treatment and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.