

Case Number:	CM14-0027370		
Date Assigned:	06/16/2014	Date of Injury:	01/20/2005
Decision Date:	08/04/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/04/2014

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 Chiropractic Medicine 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 case concerns a 58 year old female who sustained injuries to her upper back, right wrist, hand, elbow and right shoulder on 1/20/2005 as a result of performing repetitive office/clerical tasks. Per the PTP's report the patient complains of "sharp pain right shoulder and elbow. Burning pain right hand with digits 4 and 5. Limit shoulder motion to pain." The patient has been treated with medications, psychiatric care, home exercise program, physical therapy, acupuncture, surgery and chiropractic care. There are no MRI or EMG/NCV studies in the records provided for the left shoulder. A right shoulder MRI shows tendonitis, adhesive capsulitis and a partial thickness rotator cuff tear. Diagnoses assigned by the PTP are right shoulder impingement syndrome, right elbow lateral epicondylitis and cervical sprain/strain. The PTP is requesting 8 rehab therapy sessions with soft tissue mobilization with chiropractor to the left shoulder, trapezius and latissimus muscles, status post-surgery right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

REHABILITATION THERAPY WITH SOFT TISSUE MOBILIZATION TIMES 8 WITH CHIROPRACTOR FOR RIGHT SHOULDER, TRAPEZIUS, LATISSIMUS:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Manual Therapy And Manipulation. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Manipulation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The records were carefully reviewed and studied. There are two scenarios that must be considered in this case, in terms of the request and body parts in question. Scenario one: There seems to be an error in the March 2014 notes provided by The PTP. The injury is to the right shoulder not the left. The most recent PR-2 Report dated 5/29/14 and all other PR-2 reports, physical therapy notes and Operative report state that the injury is to the right shoulder. On the PR-2 dated 3/20/14 the PTP lists all complaints and diagnoses for the left shoulder. There is a clerical error. This patient suffers from a chronic injury to her upperback, hand, wrist, elbow and right shoulder. The patient had right shoulder surgery on 4/17/13. The subjective complaints have been reported for the right shoulder on 99% of the notes and records provided for review. It is not known from the records reviewed which body part has received chiropractic care. Per AME's report, chiropractic care has been rendered in the past. The patient has undergone several surgical procedures to the right shoulder to include debridement of the rotator cuff, partial acromionectomy and Mumford procedure. The MTUS Post-Surgical Treatment Guidelines Shoulder Section, recommends 24 visits of physical medicine over 14 weeks. Manipulation and soft tissue Mobilization falls into this category of treatment. Based on these findings, I find that the 8 rehab therapy sessions with soft tissue mobilization with Chiropractic to the right shoulder, trapezius and latissimus muscles to be Medically necessary and appropriate. Scenario two: The ODG shoulder chapter recommends manipulation and massage therapy. If indeed a clerical error was not made and the complaints are to the left shoulder, based on the non-existence nor mention of prior chiropractic care to the left shoulder and per the MTUS, I find that a trial run of 8 sessions of rehab therapy to the left shoulder, trapezius and latissimus muscles to be medically necessary and appropriate. In summary, in either scenario, the requested care is medically necessary and Appropriate.