MAXIMUS Federal Services

Case Number:	CM14-0035428		
Date Assigned:	06/23/2014	Date of Injury:	07/03/2013
Decision Date:	12/24/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Chiropractic 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:

The patient is a 62 year old male who sustained injuries to her left hand, wrist, elbow and shoulder on 7/3/2013 while employed as a truck driver. The patient sustained his injuries as a result of a fall onto his outstretched left arm.Chief complaints as reported by the treating physician are "spasm of the left cervical trapezius and deltoid musculature, left shoulder pain 7/10 and left wrist pain, 5/10 scale." The patient has been treated with medications, TENS, physical therapy, wrist splint, injections and home exercises. An MRI study of the left shoulder has revealed a full thickness tear of the supraspinatus with tears of the subscapularis and infraspinatus. Also discovered by the MRI was a SLAP tear and loss of integrity of the inferior glenohumeral ligament and tears of the anterior and posterior labra. A CT scan of the left wrist has revealed near healed fracture of the distal radius. Diagnoses assigned by the treating physician are left shoulder adhesive capsulitis, left shoulder subacromial bursitis, left shoulder subacromial impingement, left shoulder symptomatic acromioclavicular joint osteoarthropathy and left wrist osteoarthropathy with scaphoid lunate separation. The PTP is requesting a trial of 8 sessions of chiropractic care to the right upper extremity (left wrist, elbow and shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy 2 times a week for weeks for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Wrist and Hand Chapters, Manipulation Section

Decision rationale: Per the records provided for review the patient is suffering from chronic injuries to the left wrist, arm and shoulder. The patient has not received chiropractic care for these injuries in the past. There are no operating reports in the materials provided for review. The MTUS does not recommend manipulation for the wrist, forearm or hand. The MTUS however, does recommend manipulation for the shoulder. Unfortunately in this case, the patient has suffered a SLAP tear and a full thickness tear. These diagnoses will need surgical intervention. Manipulation of a shoulder with a SLAP tear and full thickness tear is recommended post-surgery by the Post-Surgical Treatment Guidelines. I find that the 8 chiropractic sessions to left upper extremity to not be medically necessary and appropriate.