

Case Number:	CM14-0038540		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2012
Decision Date:	07/23/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Chiropractic Sports, 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 injured worker is a 54-year-old male who was injured on 2/16/12. The injury is associated with multiple injuries to different regions of the body. The injured worker complaints are headaches, low back pain, left shoulder pain with associated weakness, neck pain and insomnia due to pain. The injured worker has received treatment of medications, left interscalene nerve block, physical therapy(22 post-op and 34 total), 14 acupuncture visits, and chiropractic (13 total, 11 post-op). On 10/22/13, the injured worker had left shoulder surgical debridement with capsular release and manipulation with paresthesia of the left upper extremity. On 7/2/12, a MRI (magnetic resonance imaging) of the lumbar spine revealed lumbar spondylosis multi-level disc protrusions with spinal stenosis, and bilateral neural foraminal narrowing. On 7/2/12, a MRI arthrogram of the left shoulder revealed a partial thickness tear of the humeral surface fibers of the distal supraspinatus, infraspinatus tendinosis, and subchondral cyst within the humeral head. On 2/3/14, an electromyography (EMG)/NCV (nerve conduction velocity) study revealed a normal EMG with the NCV revealing a left severe carpal tunnel syndrome (CTS). A Medical doctor report dated 1/3/14 revealed left shoulder range of motion to be at or near normal with slight overall shoulder weakness and pain in all directions. The injured worker was scheduled for a Qualified medical evaluator (QME) on 5/6/14. No report in these records. Apparently, the injured worker has reached a permanent and stationary status. The doctor requested 4 chiropractic therapy sessions with an evaluation of the left shoulder between 3/10/14 and 4/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) CHIROPRACTIC THERAPY SESSIONS WITH EVALUATION FOR LEFT SHOULDER BETWEEN 3/10/2014 AND 4/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Manipulation and Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the documentation submitted for review, the injured worker has had post-op 22 physical therapy visits (34 total), 11 chiropractic visits and 14 acupuncture sessions. According to the MTUS Post-Surgical Treatment Guidelines, no more treatment is medically necessary whether it is for adhesive capsulitis or rotator cuff syndrome. As such, the request for four (4) chiropractic therapy sessions with evaluation for left shoulder between 3/10/2014 and 4/24/2014 is not certified.