MAXIMUS Federal Services

Case Number:	CM14-0019659		
Date Assigned:	04/28/2014	Date of Injury:	10/06/2009
Decision Date:	03/03/2015	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Chiropractic

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 52 year old male sustained a work related injury on 10/6/2009. The mechanism of injury was reported to be injury from slipping off a step, falling, and landing on his left side primarily striking his left shoulder and left hip. The current diagnoses are status post left shoulder arthroscopic decompression, distal clavicle excision, and biceps tendonesis, left shoulder impingement, and left hip and femur surgery requiring strut grafting with subsequent hardware removal. According to the progress report dated 12/30/2013, the injured workers chief complaints were increased left hip and shoulder pain. The left hip, lateral and posterior thigh pain is brought on by spasms. The pain is constant and rated 2-3/10 with a sharp increase to a 9-10/10. It occurs unprovoked 1-3 times per day which incapacitates him for at least an hour. The left shoulder pain occurs on a frequent-to-constant basis with reaching and lifting. The pain is rated 5-6/10. The physical examination revealed moderate tenderness to palpation to the lateral quadriceps and tensor fascia lata. Flexion is 90 degrees, internal rotation is 10 degrees, and external rotation is 20 degrees. Muscle strength to the hip flexor and extensor muscles is slightly decreased. The left shoulder is moderately tender to the left subacromial region. Range of motion is limited. Positive impingement sign was noted. The medication list was not specified in the records provided. Activities of daily living are being affected with decreased capacity and stamina involving walking, standing, sitting, getting in and out of the car, walking up and down stairs, reaching, lifting, pushing, and pulling. On this date, the treating physician prescribed 8 chiropractic sessions to the left hip and shoulder, which is now under review. The chiropractic was prescribed specifically to help restore motion and decrease muscle spasms. In addition to

chiropractic, the treatment plan included aquatic therapy and foam roller. When the chiropractic was prescribed work status off work and receiving Social Security Disability.On 1/23/2014, Utilization Review had non-certified a prescription for 8 chiropractic sessions to the left hip and shoulder. The chiropractic was modified to 6 sessions for a trial basis to determine if objective functional improvement can be obtained. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS 1 TIME PER WEEK FOR 8 WEEKS FOR THE LEFT HIP AND SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Hip and Shoulder Sections.

Decision rationale: Per the records provided for review the patient is status post-surgical for left shoulder decompression and left hip and femur surgery. The MTUS Post-surgical Treatment Guidelines recommend post-surgical physical medicine treatment for the hip and neck of femur 24 visits over 10 weeks and for shoulder decompression, 24 visits over 14 weeks. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. The patient has received physical therapy as a form of post-surgical physical medicine care. However, the cap on care has not been exceeded. The PTP has requested 8 sessions of chiropractic care. The UR department has modified the request and approved 6 sessions only. Since the cap on post-surgical care has not been exceeded and the 8 sessions are within the cap of 24 sessions I find that the 8 post-surgical chiropractic sessions to the left shoulder and hip to be medically necessary and appropriate.