

Case Number:	CM14-0204415		
Date Assigned:	12/16/2014	Date of Injury:	11/26/2012
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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, has a subspecialty in Sports 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:

The injured worker is a 51-year-old female who reported an injury on 11/26/2012. The injury reportedly occurred when the injured worker was helping a passenger into the chair on a plane and then transferred the passenger from the airplane seat onto the aisle chair and wheeled him off the plane, then the injured worker felt immediate pain in her neck. She was diagnosed with cervical strain. Her past treatments were noted to include medications, physical therapy, and chiropractic treatment. Diagnostic studies included an official MRI of the right shoulder which was noted to reveal no rotator cuff tear; moderate supraspinatus and infraspinatus tendinosis; findings consistent with subacromial/subdeltoid bursitis; and labral tearing anterosuperiorly, extending from the 1 o'clock to 3 o'clock position. On 11/21/2014, the injured worker reported continued significant pain and popping to her right shoulder. On physical examination of the shoulders, she was noted to have tenderness upon palpation about the acromioclavicular joint bilaterally and a positive Neer's sign and Hawkins test bilaterally. Range of motion of the right shoulder was noted to be 160 degrees of flexion, 130 degrees of abduction, and 60 degrees of extension and internal rotation. Additionally, she was noted to have 5/5 motor strength of the upper limb. Her current medications were not provided. The treatment plan included Request for Authorization for right shoulder subacromial decompression and postoperative physical therapy to include ultrasound, massage, and therapeutic exercise for the right shoulder, Request for Authorization for cold unit, CPM device, Knapp-Sak sling, continued home physical therapy program, and a followup visit. A request was submitted for right shoulder subacromial decompression and 12 chiropractic treatments for neck & bilateral shoulders; however, the rationale for the request was not provided. A Request for Authorization was submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Surgery Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Surgery for Impingement Syndrome

Decision rationale: The request for right shoulder subacromial decompression is not medically necessary. The California MTUS/ACOEM Guidelines state surgery for impingement syndrome is usually arthroscopic decompression. More specifically, the Official Disability Guidelines (ODG) recommend acromioplasty for acromial impingement syndrome after at least 3 to 6 months of conservative care and are not recommended in conjunction with full thickness rotator cuff repair. The guidelines state criteria should include: conservative care for 3 to 6 months, subjective clinical findings of pain with active arc of motion 90 degrees to 130 degrees, and pain at night; objective clinical findings of weak or absent abduction and tenderness over rotator cuff or anterior acromial area, and a positive impingement sign and imaging clinical findings. The clinical documentation submitted for review does indicate that the injured worker has pain with active range of motion; however, it does not indicate if the pain occurs at night. Additionally, the clinical documentation does state that the injured worker has had conservative care; however, it does not clearly indicate if it has been for at least 3 to 6 months. The most recent clinical note provided for review indicated that the injured worker had a positive Hawkins and Neer's test, and does indicate tenderness over anterior the acromioclavicular joint bilaterally. However, it does not indicate weak or absent abduction. Given the above information, the request is not supported by the guidelines. As such, the request for right shoulder subacromial decompression is not medically necessary.

12 chiropractic treatments for neck & bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Shoulder, Manipulation.

Decision rationale: The request for 12 chiropractic treatments for neck & bilateral shoulders is not medically necessary. The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain and caused by musculoskeletal conditions. More specifically, the Official Disability Guidelines (ODG) recommend up to 9 visits for the shoulder and neck pain. The clinical documentation does provide evidence of functional deficits.

However, there is indication that the injured worker has had chiropractic treatments in the past. It is unclear the number of completed sessions of chiropractic treatment the injured worker has had and whether she had functional improvement within those treatments. Additionally, there were no exceptional factors to warrant additional visits beyond the guidelines recommendations. Given the above information, the request is not supported by the guidelines. As such, the request for 12 chiropractic treatments for neck & bilateral shoulders is not medically necessary.