

Case Number:	CM14-0075851		
Date Assigned:	07/16/2014	Date of Injury:	05/11/2010
Decision Date:	01/27/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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 Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 is a 56-year-old female with a 5/11/10 date of injury, when she tripped on the carton. The patient underwent an arthroscopic meniscectomy and debridement of the right knee on 2/6/14. The patient was seen on 2/4/14 for the follow up visit. The patient's pain was unchanged and she saw the orthopedic surgeon, who recommended the right knee surgery, possible left knee surgery, and left shoulder surgery. The patient was utilizing creams and medications, which controlled her pain. Exam findings revealed normal gait, normal affect and soft, non-tender, and non-distended abdomen. The diagnosis is healed 1st compartment release on the right wrist; left shoulder sprain/strain, rule out rotator cuff; shoulder effusion/tenosynovitis/impingement/tendinosis; bilateral carpal tunnel syndrome; possible glenoid labrum tear; knee pain and insomnia. Treatment to date: work restrictions, PT, shockwave therapy, chiropractic treatments, acupuncture, and medications. An adverse determination was received on 5/8/14 given that there was a lack of documentation indicating functional improvement from prior chiropractic treatments and that the most recent progress report did not include an evaluation of the patient's ROM or evaluation of the patient's strength to identify any possible impaired function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 times per week for 8 weeks including Computerized ROM and Muscle Testing Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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
Chapter) Chiropractic treatment; (Low Back Chapter) Computerized ROM Testing

Decision rationale: CA MTUS does not address chiropractic treatment of the shoulder. ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder and in general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. However the progress notes indicated that the patient had chiropractic treatments in the past, there is a lack of documentation indicating subjective and objective functional gains from prior sessions. In addition, the number of completed sessions was not available for the review. Lastly, the recent progress note did not include a physical examination of the left shoulder. Therefore, the request for Chiropractic Treatment 2 times per week for 8 weeks was not medically necessary. CA MTUS does not address Computerized ROM and Muscle Testing Left Shoulder. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. However, the most recent progress note did not include a physical examination of the left shoulder. In addition, there is no rationale indicating the necessity for a computerized musculoskeletal evaluation for the patient. Therefore, the request for Computerized ROM and Muscle Testing Left Shoulder was not medically necessary.