

Case Number:	CM15-0101004		
Date Assigned:	06/03/2015	Date of Injury:	08/01/2014
Decision Date:	07/14/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/26/2015

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:

The injured worker is a 55 year old male, who sustained an industrial injury on 8/1/2014. He reported left shoulder. The injured worker was diagnosed as having shoulder region other affections, shoulder region joint pain, shoulder tenosynovitis, rotator cuff strain, sprain of shoulder and upper arm. Treatment to date has included medications, magnetic resonance imaging of the left shoulder and chiropractic care. The request is to continue chiropractic therapy for the left shoulder. On 2/25/2015, he complained of left shoulder pain. His right elbow is noted to have swelling. The left shoulder has decreased range of motion, and tenderness is noted. Testing revealed a positive speeds, and impingement. The right elbow is noted to have decreased painful range of motion. The treatment plan included: physical therapy, Tramadol, pain management consultation, home exercise program, moist heat treatments, and steroid injection. The PTP is requesting 12 additional session of chiropractic therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Chiropractic therapy 2x6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for his left shoulder injury in the past. The total number of chiropractic sessions are unknown and not specified in the records provided for review. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The chiropractic records are not present in the materials provided for review. The ODG Shoulder Chapter recommends a limited number of chiropractic care sessions, 9 visits over 8 weeks and additional sessions with evidence of objective functional improvement. The MTUS Chronic Pain Medical Treatment Guides recommend manipulation but are silent on the shoulder. The MTUS- Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The past chiropractic treatment notes are not present in the materials provided for review. The ODG Shoulder Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The number of chiropractic sessions to date are not specified. I find that the 12 additional chiropractic sessions requested to the left shoulder to not be medically necessary and appropriate.