

Case Number:	CM15-0105882		
Date Assigned:	06/10/2015	Date of Injury:	11/21/2014
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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: Chiropractor

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 (IW) is a 57-year-old female who sustained an industrial injury on 11/21/2014. Diagnoses include right shoulder strain and status post right shoulder arthroscopy, 2009 and 2010. Treatment to date has included medications, chiropractic treatment and right shoulder arthroscopy. According to the progress notes dated 4/20/15 the IW reported some improvement with chiropractic care. On examination of the right shoulder, there was tenderness to palpation over the anterior rotator cuff and mild AC (acromioclavicular) joint and bicipital tenderness. Impingement sign was positive with grade 4/5 rotator cuff/deltoid/biceps strength. Range of motion was 150 degrees flexion, 135 degrees abduction, 40 degrees extension and external rotation, 45 degrees internal rotation and 35 degrees adduction. X-rays of the right shoulder dated 11/21/14 showed mild deformity of the distal clavicle suggesting an old fracture and mild A-C separation was noted. A request was made for 12 additional chiropractic treatments, twice weekly for six weeks, for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional Chiropractic treatments, 2 times wkly for 6 wks, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder chapter - Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The medical necessity for the requested 12 treatments is not established. The rationale from the initial denial was that there was no evidence of documented improvement as a result of the initial course of care and there was no documentation indicating how much treatment the claimant received prior to this request. Available for this review was the initial request from the 3/16/2015 evaluation and the reevaluation dated 4/20/2015 after the initiation of chiropractic treatment. A comparison of the examinations revealed improvement no change in the claimant's right shoulder findings. In fact, the clinical findings for all areas examined including the thoracic spine, right shoulder, right wrist, right hand, and lumbar spine were all identical. There was mild improvement in cervical range of motion findings as a result of the initial course of care but no improvement in the shoulder for which this request is referencing. Therefore, given the absence of any functional improvement in the right shoulder as a result of the initial course of care, the medical necessity for the requested 12 additional chiropractic treatments for the right shoulder is not established. Therefore the request is not medically necessary.