

Case Number:	CM15-0141097		
Date Assigned:	08/03/2015	Date of Injury:	12/07/2013
Decision Date:	09/04/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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 62 year old female patient who sustained an industrial injury on December 07, 2013. A recent primary treating office visit dated May 07, 2015 reported the patient with no significant improvement since the last visit. She continues with allergy symptoms and takes Zyrtec daily. She is also with continued left shoulder pain. She is pending an appointment to initiate chiropractic care per the PTP's report dated May 2015. She states that without the use of medication she cannot function. She also states that Naproxen is upsetting her stomach and she cannot tolerate oral medications. Objective findings showed positive Finkelstein's, Phalen's and Tinel's. The impression found the patient with shoulder impingement and radial styloid tenosynovitis. Current medications are: Omeprazole, Orphenadrine, and Capsaicin, Naproxen, and Voltaren gel. She has participated in a course of physical therapy with noted benefit. The PTP is requesting an initial course of 12 sessions of chiropractic care to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments on the left shoulder QTY: 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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) Shoulder, Manipulation.

Decision rationale: The patient has not received chiropractic care for her left shoulder injury in the past. In a report dated April 2015 the PTP reports that chiropractic will be requested. In another report dated May 2015 t the PTP reports that the patient is awaiting commencement of chiropractic care. There are no records of prior chiropractic care in the materials provided for review. Therefore, it is concluded that no prior chiropractic care has been rendered. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The ODG shoulder Chapter also recommend an initial trial of 9 sessions of chiropractic care over 8 weeks. I find that the 12 initial chiropractic sessions requested to the left shoulder to be medically necessary and appropriate.