

Case Number:	CM15-0146227		
Date Assigned:	08/07/2015	Date of Injury:	02/28/2014
Decision Date:	09/03/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/28/2015

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, Minnesota
 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 is a 47-year-old female, who sustained an industrial injury on 2-28-2014. Diagnoses include right shoulder radiculopathy, right shoulder impingement syndrome versus rotator cuff tear, right acromioclavicular (AC) degenerative joint disease, right lateral epicondylitis, right L5-S1 facet arthropathy versus sacroiliac joint dysfunction and right greater trochanter bursitis. Treatment to date has included medications, physical therapy, and injections. Current medications include Metformin. Per the Primary Treating Physician's Orthopedic Spine Surgery Narrative Progress Report dated 6-17-2015, the injured worker reported neck pain rated as 6, right shoulder pain rated as 6-7, right elbow pain rated as 6, lower back pain rated as 5, and pain over the greater trochanter rated as 5 on a visual analog scale (VAS). Physical examination of the right shoulder revealed palpable tenderness over the right acromioclavicular joint with restricted range of motion upon flexion, extension, abduction and external rotation. Impingement test and crossed arm test were positive on the right. The plan of care included Tramadol for pain, a recommendation for surgical intervention of the right shoulder and follow-up care. Authorization was requested for chiropractic (2x3) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks, right shoulder: Upheld

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 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the shoulder is not recommended. The documentation reveals a full thickness rotator cuff tear of the right shoulder. The doctor has requested Chiropractic 2 times per week for 3 weeks or 6 visits. The request for treatment is not according to the above guidelines and the patient has a documented full thickness rotator cuff tear, which is not known to respond to manipulation. Therefore, the request for treatment is not medically necessary and appropriate.