

Case Number:	CM15-0162640		
Date Assigned:	08/28/2015	Date of Injury:	08/19/2013
Decision Date:	10/05/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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 is a 48 year old female, who sustained an industrial injury on 8-19-2013, while employed as a cook. She reported that a heavy box slipped from her left hand and fell on her right, causing her right shoulder and elbow to twist. The injured worker was diagnosed as having right shoulder pain and right elbow pain. Treatment to date has included diagnostics, right shoulder surgery in 2-2014, chiropractic, and medications. Currently, the injured worker reports that her right shoulder and right elbow were "better". Exam noted increased range of motion in the right shoulder, strength 2 out of 5 in the shoulder, strength 3 out of 5 in the elbow, and decreased tenderness and spasm in the elbow extensors and right shoulder. Work status remained modified. Current medication regimen was not noted. The treatment plan included additional chiropractic-physiotherapy for the right shoulder-elbow, 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy/Physiotherapy two times a week for three weeks for the right shoulder/elbow: 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; Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines-Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented with chronic right shoulder and elbow pain. Previous treatments include medication, chiropractic, acupuncture, and right shoulder surgery in 2014. It's is more than a year since right shoulder surgery. The claimant presented with improvement with surgery and chiropractic treatments. However, the request for additional 6 chiropractic visits treatments exceeded the guidelines recommendation. Therefore, it is not medically necessary.