

Case Number:	CM15-0165304		
Date Assigned:	08/28/2015	Date of Injury:	05/16/2013
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year old female sustained an industrial injury to the left shoulder and low back on 5-16-13. Previous treatment included physical therapy, chiropractic therapy and meds. Documentation did not disclose the number of previous therapy sessions. In a PR-2 dated 7-22-15, the injured worker reported some increase in pain this month after her job duties changed back to machine operator with constant low back pain, rated 3 to 9 out of 10 on the visual analog scale and frequent left shoulder pain, rated 0 to 7 out of 10, with radiation to the left mid back and lower neck. Physical exam was remarkable for tenderness to palpation to the lumbar paraspinal musculature, quadratus lumborum, left rotator cuff muscle and left trapezius muscle with slightly restricted lumbar spine range of motion and decreased left shoulder motor strength. The physician noted that left shoulder magnetic resonance imaging showed biceps tendon disruption and multiple degenerative changes. Current diagnoses included lumbar spine sprain and strain and shoulder sprain and strain. The treatment plan included requesting authorization for 6 physical therapy sessions. In a PR-2 dated 8-19-15, the injured worker complained of occasional low back pain rated 0 to 6 out of 10 and constant left shoulder pain rated 3 to 8 out of 10. Physical exam was unchanged. The treatment plan included an orthopedic evaluation for 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 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic) (updated 7/30/15).

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. In addition, there has been no reported functional improvement from prior chiropractic treatments. Furthermore, chiropractic is not recommended for the shoulder. Therefore further chiropractic for the left shoulder is not medically necessary.