

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0185304 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 06/20/2014 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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 47 year old male, who sustained an industrial injury on 6-20-2014. He reported injury to the left lower extremity, feeling a pop and acute pain in the left calf area. Diagnoses include left Achilles tendinitis and left plantaris tendon tear with history of hematoma. Treatments to date include activity modification, orthotic boot, NSAID, and physical therapy for the left lower extremity. Currently, he complained of increasing right shoulder pain secondary to use of the cane for ambulation and ongoing left ankle pain. On 9-2-15, the physical examination documented myofascial tenderness of the right shoulder, positive impingement signs with weakness, and decreased range of motion. The treating diagnoses included right shoulder tendinitis with impingement. The appeal requested authorization for eight chiropractic sessions, twice a week for four weeks to treat the right shoulder. The Utilization Review dated 9-9-15, denied the request.

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 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The claimant presented with right shoulder pain secondary to limbing and using the can for ambulation. There are no prior treatments noted. Reviewed of the evidences based MTUS guidelines noted MTUS guidelines only recommend chiropractic treatments for frozen shoulder. ODG guidelines might recommend up to 9 chiropractic visits for shoulder sprains/strains, if there are evidences of functional improvements with 2-3 visits. Based on the guidelines cited, the request for 8 visits exceeded the guidelines recommendations. Therefore, without evidences of functional improvements, it is not medically necessary.