

Case Number:	CM15-0200368		
Date Assigned:	10/15/2015	Date of Injury:	10/03/2014
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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 46-year-old female who sustained an industrial injury on 10-03-2014. On September 28, 2015, the worker was seen for an orthopedic reevaluation of her left shoulder. She has evidence of left shoulder partial rotator cuff tear. According to provider notes, the worker has tried chiropractic therapy in the past and it was beneficial but did not provide her with any lasting relief. The worker has also had subacromial cortisone injections (10-2014, 03-03-2015) with only temporary relief. MRI studies (01-11-2015) had shown type 3 down-sloping acromion morphology with impingement and partial rotator cuff tear. On exam, the worker is alert with normal affect and mood. Exam of the left shoulder shows positive provocative Neer and Hawkins impingement signs. Range of motion is 0-170 degrees and strength is 5 out of five. The plan is for an operative repair. A request for authorization was submitted for 12 additional sessions of chiropractic therapy to the left shoulder. A utilization review decision 10-03-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic therapy to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The patient has received chiropractic care for her shoulder injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Shoulder Chapter recommends 9 sessions over 8 weeks. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating physician's (MD) progress notes reviewed. I find that the 12 additional chiropractic sessions requested to the left shoulder to not be medically necessary and appropriate.