

Case Number:	CM15-0202823		
Date Assigned:	10/19/2015	Date of Injury:	10/27/2009
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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 46 year old female, who sustained an industrial-work injury on 10-27-09. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder capsular release and Reflex sympathetic dystrophy syndrome right upper extremity. Treatment to date has included pain medication Naproxen, Lyrica, Gabapentin, status post right shoulder manipulation March 2015, physical therapy at least 12 sessions, chiropractic (unknown amount) and other modalities. Magnetic resonance imaging (MRI) of the right shoulder dated 3-22-14 reveals tendinosis and peritendinitis, hypertrophic osteoarthropathy of the acromioclavicular joint (AC), lateral downsloping and mild osteoarthritic changes. Medical records dated (5-8-15 to 9-3-15) indicate that the injured worker complains of continued right shoulder joint pain and increased sensitivity of the right upper extremity. The physical exam dated 5-8-15 and 5-5-15 reveals that the right shoulder exam shows decreased range of motion, positive impingement and hypersensitivity over the right upper extremity. The physician indicates that he recommends additional 12 sessions of chiropractic to the right shoulder to focus on increased range of motion, increased function and increased activities of daily living (ADL). The requested service included Chiropractic Therapy 2 times a week for 6 weeks for the Right Shoulder. The original Utilization review dated 10-5-15 modified the request for Chiropractic Therapy 2 times a week for 6 weeks for the Right Shoulder modified to Chiropractic Therapy times 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2x6 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Initial Care, and 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 claimant presented with chronic right shoulder pain. Previous treatments include medication, physical therapy, chiropractic, surgery, and post-op physical therapy rehab. According to the available medical records, the claimant has had chiropractic treatments; however, total number of visits is unclear. The request for an additional 12 visits also exceeded ODG guidelines recommendations. Therefore, it is not medically necessary.