

Case Number:	CM15-0207231		
Date Assigned:	10/26/2015	Date of Injury:	06/16/2014
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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 51-year-old male, with a reported date of injury of 06-16-2014. The diagnoses include right shoulder impingement syndrome, right shoulder sprain and strain, and myofascial pain syndrome. The progress report dated 09-11-2015 indicates that the injured worker needed four more chiropractic treatments, which have been beneficial. The injured worker continued to have right shoulder pain, and stated that he was 40% better. He noticed increased numbness and tingling to the right hand. The injured worker had increased work with repetitive work duties. On 08-14-2015, the injured worker had right shoulder pain with radiation up to the right side of the neck. The objective findings include improving right shoulder impingement, decreased pain, improved anterior tenderness to palpation, external rotation at 90 degrees, internal rotation at 80 degrees, and improved strength. The injured worker has been instructed to return to modified work. The medical records include a chiropractic treatment report dated 09-18-2015, which indicates that the injured worker noted approximately 50% improvement in the right shoulder with treatment, and his pain decreased from 6 out of 10 to 4 out of 10. It was noted that his shoulder function rating was 9 out of 60. The objective findings include decreased mobility by 10%, decreased palpable joint dysfunction and periscapular, and trigger points. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Norco, Diazepam, and chiropractic treatment. The request for authorization was dated 09-14-2015. The treating physician requested six (6) additional chiropractic treatment sessions for the right shoulder two times a week for three weeks. On 09-21-2015, Utilization Review (UR) non-certified the request for six (6) chiropractic treatment sessions for the right shoulder two times a week for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the right shoulder 2 times a week for 3 weeks, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & 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 his shoulder injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are 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 does not recommend manipulation for the shoulder. The ODG shoulder Chapter also recommends 0 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 has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed and the number of sessions to date are not clear in the records provided. I find that the 6 additional chiropractic sessions requested to the right shoulder are not medically necessary and appropriate.