

Case Number:	CM15-0022290		
Date Assigned:	02/11/2015	Date of Injury:	10/02/2014
Decision Date:	04/15/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/05/2015

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 52 year old female with an industrial injury dated October 2, 2014. The injured worker diagnoses include cervical, thoracic and lumbosacral strain, right shoulder derangement, left thumb injury and bilateral knee pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy, and periodic follow up visits. According to the progress note dated 12/15/2014, the injured worker reported right shoulder pain and bilateral knee pain. Right shoulder exam revealed tenderness at the anterior shoulder extending down into the biceps and tenderness posteriorly and superiorly in the infraspinatus fossa. Documentation also noted a slight loss in the range of motion. Impingement test, Hawkins test and O'Brien test were all positive. The diagnoses included right shoulder SLAP (Superior Labrum from Anterior to Posterior) tear and bilateral knee arthritis. Treatment consists of therapy and prescribed pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy - right shoulder 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented with ongoing pain in the neck, upper back, right shoulder and bilateral knee despite previous treatments with medications and physical therapy. While MTUS guidelines do not address chiropractic therapy for the shoulder, Official Disability Guidelines recommend up to 9 chiropractic visits over 8 weeks, plus active self-directed home therapy, for shoulder sprains/strains. There is no concurrent recommendation for home exercises program and the request for 18 chiropractic therapy visits also exceeded the guidelines recommendation for the shoulder. Therefore, it is not medically necessary.