

Case Number:	CM15-0028643		
Date Assigned:	02/20/2015	Date of Injury:	07/17/2011
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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, Oriental Medicine

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 54 year old female, who sustained an industrial injury on 7/17/11. She has reported shoulder pain after lifting trays over shoulder level. The diagnoses have included status post right shoulder surgery times three with residual decreased painful active range of motion, right bursitis and cervical strain. Treatment to date has included medications, surgery and physical therapy. Currently, the injured worker complains of right shoulder continued sharp pain and cramps and difficulty sleeping and with activities of daily living (ADL's). She has been doing Home Exercise Program (HEP) and the medications are not helping the pain. She also complains of upper extremity bruising and right hip radicular pain. Magnetic Resonance Imaging (MRI) of the right shoulder dated 5/15/14 revealed status post rotator cuff surgery, persistent articular surface tear, mild tendinosis, and muscle atrophy. The X-ray of the right shoulder dated 5/22/14 revealed single metallic anchor in the proximal humeral head, consistent with decompression and mild arthritis. Physical exam revealed right shoulder pain with range of motion, decreased range of motion, decreased strength, decreased sensation, and positive stiffness. There was therapy documentation noted in the records. Plan was for physical therapy 12 visits and Chiropractic 12 visits. On 1/26/15 Utilization Review non-certified a request for Chiropractic Therapy 2 times a week 6 weeks (12 sessions) for right shoulder, noting the (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 x 6 for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s).

Decision rationale: The medical records reviewed reflect the patient status post right shoulder rotator cuff repair, shoulder MUA, subacromial decompression and distal clavicle resection. Post operative care has included physical therapy and Chiropractic care. The records reflect a request for additional Chiropractic care without clinical evidence of a recent medical evaluation outlining finding on examination where manipulation would be a reasonable and necessary procedure. No examination deficits were provided to support the medical necessity for care. The UR determination denied Chiropractic care on 1/26/15 citing CAMTUS Chronic Treatment Guidelines. The denial was appropriate and is supported by the reviewed medical records lacking evidence of medical necessity for Chiropractic manipulation and the referenced CAMTUS Chronic Treatment Guidelines for Manipulation.