MAXIMUS Federal Services

Case Number:	CM15-0214615		
Date Assigned:	11/04/2015	Date of Injury:	12/28/2013
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/02/2015

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 57 year old female with a date of injury on 12-28-2013. The injured worker is undergoing treatment for status post right shoulder arthroscopy for rotator cuff repair with poor recovery and marked stiffness and left shoulder rotator cuff sprain-strain due to overuse from favoring right arm. A physician progress note dated 09-03-2015 documents the injured worker complains of right shoulder pain that radiates to the right arm to her right hand that she rates as 8 out of 10 and it is constant with numbness and tingling. She has left shoulder pain rated 7 out of 10 with left arm numbness and tingling, and she has neck pain which travels down both arms with pain, numbness or tingling and it rated 8 out of 10. Cervical range of motion is decreased. Left shoulder flexion is 80 degrees and abduction is 60 degrees, right shoulder flexion is 90 degrees and flexion is 80 degrees. Cervical spine compression and distraction tests were positive including shoulder depression test bilaterally positive. She is not working; she was placed on total temporary disability on 08-15-2015. Treatment to date has included diagnostic studies, medications, status post right shoulder surgery on 05-29-2014, acupuncture, physical therapy, and a home exercise program. Current medications as of 08-31-2015 include Ketoprofen cream, Cyclobenzaprine cream, Synapryn, Tabradol, Deprizine, Diphenhydramine, and Gabapentin. On 09-23-2015 a right shoulder series-AP Scout showed post surgical changes including metallic anchor in the humeral head precluding the MR shoulder arthrogram. Suspected post surgical changes of the acromioplasty-distal clavicular osteotomy. The treatment plan includes continuing of acupuncture; continue home exercise program, chiropractic care, right shoulder MRI, electrodiagnostic study of the upper extremities due to worsening radicular complaints and paresthesia and follow-up appointments. On 10-07-2015 Utilization Review non-certified the request additional Chiropractic physiotherapy treatment, shoulders, 1 time weekly for 4 weeks, 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy treatment, shoulders, 1 time weekly for 4 weeks, 4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Functional improvement measures, 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 her bilateral 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. The patient is status post right shoulder arthroscopy (2014). The treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for chronic musculoskeletal conditions. The ODG Shoulder Chapter also recommends 9 sessions of manipulative care over 8 weeks and additional care with evidence of objective functional improvement. 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 objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 4 additional chiropractic sessions requested to the shoulders is medically necessary and appropriate.