

Case Number:	CM15-0219374		
Date Assigned:	11/12/2015	Date of Injury:	07/01/2013
Decision Date:	12/23/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/09/2015

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 female who sustained an industrial injury on 7-1-2013. Medical records indicate the injured worker is being treated for sprains-strains of the cervical, thoracic, and lumbar spine, right shoulder impingement, status post right shoulder arthroscopy on 2-21-2014, rotator cuff tear of the right shoulder, and mass like structure at mid belly of the supraspinatus musculature right shoulder just above the scapular spine. Per the treating physician's reports dated 8-13-2015 and 9-24-2015, the injured worker complains of pain over the right lateral cervical spine area, rated 5-6 out of 10, and radiating through the right shoulder inferiorly and she continues to have limitations with respects to range of motion. Per the physical exam 9-24-2015 the injured worker maintained an active forward flexion to 150-180 degrees, extension to 30-50 degrees, abduction to 120-180 degrees, adduction of 20-50 degrees, internal rotation 70-90 degrees, and external rotation 60-90 degrees. The injured worker reports moderate pain and discomfort at the end points of range of motion and was capable of passively reaching 160 degrees over the right shoulder which did elicit moderate pain and discomfort. The injured worker had a positive cross arm sign and positive Neer's sign. The physician reports there was gross crepitus observed on passive range of motion of the right shoulder and she was moderately tender to palpation over the entirety of the right shoulder, most specifically over the subacromial space. Per the treating physician on 9-24-2015 her work restrictions include no repetitive bending or stooping, no lifting over 25 pounds, and no lifting or working with arms above shoulder level on the right shoulder and if the employer cannot accommodate with the restrictions then she will be considered temporary total disabled. Treatment to date for the

injured worker includes right shoulder surgery on 2-21-2014 and per the injured worker she had 30 physical therapy visits (from 3/26/2014 to 6-24-2014) without alleviation of her symptoms, Tramadol 50mg (9-24-2015 the injured worker reports it is too strong for her) and Ibuprofen 800mg (9-24-2015 injured worker reports beneficial to alleviating pain and discomfort), Tizanidine 2mg (5-7-2015 injured worker reports not useful in alleviating spasms), right shoulder subacromial corticosteroid injection on 6-18-2015 (per physician on 7-2-2015 injection improved her range of motion some 30 degrees in abduction and adduction), home exercise program and 12 sessions of chiropractic care. The UR decision dated 10-20-15 non-certified the request for additional 12 sessions of chiropractic care to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care with physiotherapy and manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 right shoulder injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are reported to be 12. 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 recommends additional care with evidence of objective functional improvement but does not recommend manipulation for the shoulder. The ODG Shoulder Chapter recommends 9 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 PTP's (MD) progress notes reviewed. The 12 additional sessions requested exceeds The ODG's recommended number. I find that the 12 additional chiropractic sessions requested to the right shoulder to not be medically necessary and appropriate.