

Case Number:	CM15-0219624		
Date Assigned:	11/12/2015	Date of Injury:	02/14/2015
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
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: 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 53 year old male, who sustained an industrial injury on 02-14-2015. A review of the medical records indicates that the worker is undergoing treatment for scapulothoracic syndrome, bursitis scapulothoracic and scapulothoracic strain. Treatment has included pain medication and multiple sessions of physical therapy. Subjective complaints (07-28-2015) included continued pain in the right scapula and back. Physical therapy and pain medication was noted to provide some relief. Objective findings showed mild tenderness at the bicipital groove and coracoid of the right shoulder and positive medial scapular bursa tenderness. The treatment plan included pain medication and additional physical therapy. Subjective complaints (10-20-2015) included continued pain in the right scapula and worsening thoracic pain. The worker noted that physical therapy hadn't been helping. Objective findings (10-20-2015) included tenderness to palpation of the right thoracolumbar paraspinal muscles and right costovertebral joint at T7-T9, extension of the back to 10-20 degrees, mild tenderness at the bicipital groove and coracoid of the right shoulder and continued medial scapular bursa tenderness. The physician noted that the worker had possible costovertebral subluxation and that pain would normally resolve on its own with time but that the process could be sped up with physical therapy and chiropractics. The physician recommended chiropractic treatment. There is no documentation that any previous chiropractic therapy visits had been received. A utilization review dated 10-28-2015 non-certified a request for chiro 8 sessions right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 8 sessions right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/manipulation.

Decision rationale: The claimant presented with chronic upper back pain and shoulder pain. Previous treatments include medications and physical therapy. There is no prior chiropractic treatments documented. While MTUS guidelines only recommend chiropractic manipulation for frozen shoulders, ODG do recommend up to 9 visits for shoulder sprain/strain if there are document of objective functional improvement after 3 treatment visits. The request for 8 visits exceeded the guidelines recommendation. Therefore, without first demonstrating objective functional improvements with the trial visit, the request for 8 visits is not medically necessary.