

Case Number:	CM15-0088351		
Date Assigned:	05/12/2015	Date of Injury:	06/15/2013
Decision Date:	06/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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 32-year-old female, who sustained an industrial injury on June 15, 2013. The injured worker was diagnosed as having status post left shoulder arthroscopy on February 11, 2014, and left shoulder pain. Treatment to date has included a functional capacity evaluation, cortisone injection, home exercise program (HEP), left shoulder surgery, physiotherapy, and medication. Currently, the injured worker complains of left shoulder pain. The Primary Treating Physician's report dated March 19, 2015, noted the examination of the left shoulder showed mild tenderness to palpation over the subacromial region, with some moderate discomfort noted at the endpoints of range of motion (ROM). The treatment plan was noted to include reevaluation in three months and a request for authorization for chiropractic physiotherapy with manipulation over the left shoulder, to improve her functional capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy manipulation 3x4 for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Postoperative Physical Therapy Guidelines.

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 chronic left shoulder pain despite previous treatments with medications, injections, surgery, physiotherapy, and home exercises program. While MTUS guidelines do not address chiropractic manipulation for the shoulder, ODG might recommend up to 9 visits over 8 weeks for shoulder sprain/strain. The request for 12 chiropractic visits exceeded the guidelines recommendation; therefore, it is not medically necessary.