

Case Number:	CM15-0239588		
Date Assigned:	12/16/2015	Date of Injury:	12/23/2013
Decision Date:	01/25/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/08/2015

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 61 year old male, who sustained an industrial injury on 12-23-2013. Diagnoses include bilateral shoulder impingement syndrome, status post right hand crush injury with neurodiagnostic evidence for carpal tunnel syndrome, early complex regional pain syndrome (CRPS) right hand. Treatments to date include activity modification, physical therapy, right shoulder joint injection, home exercise, shockwave therapy, TENS use, and medications including NSAIDs, Tramadol ER, and Cyclobenzaprine. On 10-13-15, he complained of worsening right shoulder pain rated 9 out of 10 VAS and ongoing pain in the left shoulder and right hand. The physical examination documented tenderness and decreased range of motion of bilateral shoulders and atrophy of right deltoid muscle. The plan of care included shockwave therapy and chiropractic therapy. The appeal requested authorization for twelve (12) chiropractic therapy sessions for bilateral shoulders. The Utilization Review dated 11-10-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 4 weeks for the bilateral shoulders: 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 Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The claimant presented with worsening of chronic right shoulder pain. Previous treatments included medications, injection, physical therapy, TENS unit, shockwave therapy, and home exercises. Reviewed of evidences based MTUS guidelines noted no recommendation for chiropractic manipulation treatment of the shoulder except frozen shoulder. ODG might recommend up to 9 visits of chiropractic manipulation for shoulder sprain/strain. The request for 12 visits exceeded ODG guidelines recommendation, therefore, it is not medically necessary.