

Case Number:	CM14-0092937		
Date Assigned:	09/12/2014	Date of Injury:	07/12/2012
Decision Date:	11/16/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 60 year old female, who sustained an industrial injury on 7-12-2012. Medical records indicate the worker is undergoing treatment for chronic neck pain with cervical degenerative disc disease and spondylosis, right arm pain, right shoulder pain, right supraspinatus tendinitis, right lateral epicondylitis and right DeQuervain's tenosynovitis. A recent progress report dated 5-22-2014, reported the injured worker complained of stabbing right elbow pain and forearm pain rated 8 out of 10 without medication and 6 out of 10 with medication. The pain was aggravated by prolonged position and repetitive use and alleviated with rest, medications, heat and ice. Physical examination revealed mild tenderness over the right common extensor tendons and tenderness over the right first dorsal compartment. Right shoulder magnetic resonance imaging revealed supraspinatus tendinitis with possible low-grade SLAP tear. Treatment to date has included unknown number of chiropractic visits, steroid injection to the right shoulder, physical therapy and medication management. The physician is requesting One chiropractic visit for one week, for right shoulder. On 6-11-2014, the Utilization Review noncertified the request for One chiropractic visit for one week, for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One chiropractic visit for one week, for right shoulder.: Upheld

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

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 chronic right shoulder pain. Previous treatments include medications, injections, physical therapy, and chiropractic. According to the available medical records, the claimant has had chiropractic treatments previously. However, total number of visits is unknown and treatment outcomes are not documented. Based on the guidelines cited, the request for additional chiropractic treatment for the shoulder is not medically necessary.