

Case Number:	CM15-0018855		
Date Assigned:	02/06/2015	Date of Injury:	12/27/2012
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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: New Jersey
 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 68-year-old female who reported an injury on 12/27/2012. The injured worker reportedly suffered a right upper extremity strain while emptying a box of cans. The injured worker presented on 01/20/2015. It was noted that the injured worker had participated in 6 sessions of chiropractic therapy with trigger point therapy and myofascial release. Previous conservative treatment also includes physical therapy, traction, TENS unit, and injections. The injured worker was status post subacromial decompression with rotator cuff repair on 02/01/2014. The current medication regimen includes aspirin 81 mg, fluoxetine 10 mg, hydroxyzine 10 mg, naproxen 500 mg, baclofen 10 mg, and Percocet 5/325 mg. Upon examination of the right shoulder, there was 110 degree flexion, 65 degree extension, 90 degree abduction, 85 degree internal rotation, and 70 degree external rotation. Trigger points were noted in the pectoralis major/minor, anterior deltoid, and biceps LHT. There were diffuse essential tremors throughout the bilateral upper extremities with a slow and antalgic gait. Rotator cuff strength was noted at 4/5. Diagnoses include pain in a joint of the shoulder, enthesopathy, site not otherwise specified, and rotator cuff syndrome. Recommendations at that time included 6 additional chiropractic sessions. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic sessions/manual therapy/chiro care/trigger release and active release/muscle energy/strain/counterstrain (right shoulder) 1 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended with a therapeutic trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. In this case, the injured worker has participated in a previous course of chiropractic therapy. However, there was no documentation of significant functional improvement. The injured worker continues to present with weakness, limited range of motion, and multiple trigger points. Given the above, the request is not medically appropriate at this time.