MAXIMUS Federal Services

Case Number:	CM15-0018908		
Date Assigned:	02/06/2015	Date of Injury:	02/19/2007
Decision Date:	05/29/2015	UR Denial Date:	01/27/2015
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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported an injury on 02/19/2005. The mechanism of injury was not stated. The current diagnoses include right shoulder rotator cuff repair, left shoulder rotator cuff tear, cervical spine disc bulge, and cervical spine radiculitis. The injured worker presented on 12/16/2014 for a followup evaluation with complaints of persistent bilateral upper extremity pain as well as mid back and neck pain. Upon examination of the shoulder, there was tenderness at the right acromioclavicular region, anterior deltoid tenderness, pain with range of motion, 3/5 motor weakness, and limited range of motion. Recommendations at that time included a short course of chiropractic therapy once per week for 6 weeks to include electrical stimulation, heat, ice, ultrasound, and myofascial release. 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:

Chiropractic care for the shoulder, 1 time a week for 6 weeks: 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), Shoulder, Manipulation, Chiropractic.

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

Decision rationale: 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. In this case, it was noted that the injured worker has been previously treated with 2 separate rotator cuff repair surgeries in 2007 and 2012. The injured worker was recently issued approval for an orthopedic surgeon followup visit. It is unclear whether the injured worker is currently a surgical candidate. In the absence of further documentation from the orthopedic surgeon, the current request is not medically necessary.

Home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month trial may be considered as a noninvasive conservative option. In this case, there was no evidence that other appropriate pain modalities have been tried and failed. There was also no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.