

Case Number:	CM15-0111691		
Date Assigned:	06/18/2015	Date of Injury:	10/01/2012
Decision Date:	07/16/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/09/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained a work related injury October 1, 2012. While reaching overhead for a basket, he injured his right shoulder. Past history included stomach ulcer 2012, right shoulder subscapularis debridement, subacromial decompression, distal clavicle resection, biceps tenodesis, December, 2012. According to a primary treating physician's report, dated April 9, 2015, the injured worker presented with pain in the right shoulder and requesting medication. Physical examination of the right shoulder revealed; healed arthroscopic and incisional scars, range of motion limited with flexion 120 degrees, abduction 95 degrees, internal rotation 50 degrees, extension 30 degrees, adduction 20 degrees, external rotation 90 degrees. Diagnoses are gastric ulcer; pain in joint involving shoulder; arthroscopic surgical procedure converted to open procedure; right rotator cuff syndrome; osteoarthritis, localized, primary, involving shoulder region. Treatment plan included weaning from medication, and at issue, the request for authorization for chiropractic visits, right shoulder and orthopedic follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic follow up visits (unspecified number of visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80, 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for orthopedic follow-up visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient has ongoing symptoms and findings of the shoulder and a follow-up with orthopedics appears reasonable. However, an open-ended request for follow-up visits is not supported and, unfortunately, there is no provision for modification of the current request to allow for an appropriate number of sessions. In light of the above issues, the currently requested orthopedic follow-up visits are not medically necessary.

Chiropractic visits for the right shoulder (unspecified number of visit): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 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 supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.