MAXIMUS Federal Services

Case Number:	CM15-0113466		
Date Assigned:	06/19/2015	Date of Injury:	10/20/2013
Decision Date:	07/20/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old male sustained an industrial injury to the left shoulder on 10/20/13. The injured worker underwent left shoulder arthroscopy with partial resection of glenoid labrum and manipulation on 7/24/14. The injured worker received postoperative physical therapy, chiropractic therapy and medications. A chiropractic therapy progress note dated 2/21/15 indicated that the injured worker had attended 30 chiropractic therapy sessions. Current diagnoses included left shoulder glenoid labrum tears, severe chondromalacia humeral head, left shoulder tendinitis, left shoulder acromioclavicular hypertrophy, status post left shoulder arthroscopy. In a PR-2 dated 5/13/15, the injured worker complained of pain to the left shoulder, rated 5/10 on the visual analog scale. The injured worker was attending therapy. Physical exam was remarkable for tenderness to palpation over the bicipital groove with improved range of motion. There was still popping, sharp pain and tightness with movement or physical therapy. The treatment plan included continuing medications (Norco and Zolpidem), continuing home exercise and swimming and chiropractic therapy twice a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight chiropractic treatments for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Chiropractic therapy Page(s): 98-99; 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Shoulder section; Chiropractic therapy, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, #8 chiropractic treatments for the left shoulder are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are glenoid labrum tear left shoulder; severe chondromalacia humeral head with black left shoulder; bicipital, supraspinatus and subscapularis tendonitis left shoulder; acromioclavicular joint hypertrophy; capsulitis left shoulder; status post arthroscopy left shoulder with partial resection glenoid labrum; status post manipulation under general anesthesia left shoulder with injection Depo- Medrol. A therapy prescription is attached to the progress note dated May 13, 2015. The request is for Chirotherapy in order to decrease pain. The special instructions however state no traction and no manipulation. According to a February 21, 2015 progress note, the injured worker received #30 sessions of physical therapy. The guidelines support 24 postoperative physical therapy visits with surgery. The documentation does not demonstrate objective functional improvement. Chirotherapy appears to be a combination of both chiropractic manipulation and physical therapy. The prescription states no manipulation. As a result, chiropractic treatment is not indicated. The injured worker received 30 sessions of physical therapy in excess of the recommended 24 (according to the ODG). There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, the total number of physical therapy sessions received (#30), special instructions with no manipulation, #8 chiropractic treatments for the left shoulder are not medically necessary.