

Case Number:	CM15-0127650		
Date Assigned:	07/14/2015	Date of Injury:	06/21/2012
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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: Chiropractic

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 33 year old female, who sustained an industrial injury on 6/21/2012. The injured worker was diagnosed as having right lateral epicondylitis, cervical strain, right shoulder strain, status post right carpal tunnel release, and myofascial pain syndrome on the right side. Treatment to date has included right carpal tunnel release surgery on 12/23/2014 and chiropractic treatment. Currently, the injured worker complains of pain in her neck, right shoulder, right hand, and third digit. Trigger point injections were administered to three muscle groups. Her work status was modified. The treatment plan included additional chiropractic treatment for the right shoulder, 2x3. On 5/06/2015, it was documented that she attended 3/6 chiropractic sessions, which helped with pain and range of motion. The PTP is requesting 6 additional chiropractic care sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x week x 3 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The patient has received chiropractic care for her right shoulder injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date 6. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. It is of interest to note that all objective findings covering 3 months of chiropractic care to the right shoulder, consisting of range of motion findings, orthopedic exams (all negative) and muscle strength grading are all documented to be constant and within normal limits in each and every report reviewed. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG shoulder chapter recommends a trial of 9 chiropractic care sessions over 8 weeks with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. All findings are negative with all range of motion findings being normal. I find that the 6 additional chiropractic sessions requested to the right shoulder is not medically necessary.