

Case Number:	CM15-0172603		
Date Assigned:	09/14/2015	Date of Injury:	07/24/2013
Decision Date:	11/25/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/01/2015

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, Minnesota

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 36-year-old male, with a reported date of injury of 07-24-2013. The diagnoses include left shoulder acromioclavicular joint arthritis and spasm. Treatments and evaluation to date have included Naproxen, Tylenol Extra Strength, home exercises, physical therapy, and Ibuprofen. The diagnostic studies to date have included an MR Arthrogram of the left shoulder on 12-03-2013, which showed degenerative changes at the acromioclavicular joint with mild hypertrophic changes on its inferior aspect and no evidence of tear of the rotator cuff. The progress report dated 08-21-2015 indicates that the injured worker reported that he had a flare of his left shoulder pain and intermittent numbness since the last appointment. On 04-03-2015, it was noted that there were no new significant flare-ups of the left shoulder pain. The injured worker had ongoing soreness with certain activities with working out at the gym. The objective findings (08-21-2015) include tenderness of the AC (acromioclavicular) joint, visible bone overgrowth, normal range of motion of the left shoulder, and normal strength of the right upper extremity. The treatment plan included chiropractic therapy for shoulder management. The injured worker has been instructed to return to modified work on 08-21-2015. The treating physician requested twelve (12) chiropractic therapy visits for the left shoulder. On 08-31-2015, Utilization Review (UR) non-certified the request for twelve (12) chiropractic therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the left shoulder QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the shoulder is not recommended. The doctor requested chiropractic therapy for the left shoulder for 12 visits. There was no documentation in the records that indicated objective functional improvement from prior chiropractic treatment to the shoulder. The request for treatment to the shoulder is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.