

Case Number:	CM15-0175913		
Date Assigned:	10/05/2015	Date of Injury:	07/18/2014
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 42 year old female who sustained an industrial injury on 7-18-14. The injured worker reported neck and right shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for lesion of ulnar nerve, medial epicondylitis of elbow and unspecified disorder shoulder joint. Provider documentation dated 9-23-15 noted the work status as return to modified work on 9-23-15. Treatment has included injection therapy and right shoulder magnetic resonance imaging (9-4-15). Objective findings dated 9-23-15 were notable for tenderness to palpation to superior and posterior aspect of right shoulder with painful range of motion, decreased sensation to right medial forearm and hand. The original utilization review (9-2-15) partially approved a request for Chiropractic therapy for the right shoulder quantity of 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the right shoulder qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter (Acute and Chronic), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The claimant presented with chronic pain in the neck and right shoulder. Previous treatments include medication, injection, and physical therapy. Reviewed of the evidences based guidelines noted MTUS guidelines only recommend chiropractic therapy for frozen shoulder, ODG guidelines might recommend up to 9 visits for shoulder sprain/strain if there are evidences of functional improvement in 2-3 visits. In this case, the claimant have not done any chiropractic treatment previously, 2-3 visits would be reasonable to achieve functional improvement. The request for 6 visits exceeded ODG recommendation, therefore, it is not medically necessary.