

Case Number:	CM15-0048484		
Date Assigned:	03/20/2015	Date of Injury:	12/05/2012
Decision Date:	05/15/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

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 71 year old male, who sustained an industrial injury on 11/05/2012. He has reported subsequent shoulder and knee pain and was diagnosed with internal derangement of left shoulder, RTC syndrome, knee joint myalgia and shoulder sprain/strain. Treatment to date has included oral pain medication and acupuncture. In a progress note dated 10/28/2014, the injured worker complained of intermittent left shoulder pain. Objective findings were notable for decreased range of motion of the left shoulder and positive impingement test on the left. A request for authorization of 12 sessions of chiropractic therapy twice a week x 6 weeks and an interferential electrical stimulation unit was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of chiropractic care two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

Decision rationale: The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic shoulder pain. Prior treatments have included medications, acupuncture, and physical therapy. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Interferential electric stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Current Stimulation (ICS), p118-120 Page(s): 118-120.

Decision rationale: The claimant sustained a work-related injury in November 2012 and continues to be treated for chronic shoulder pain. Prior treatments have included medications, acupuncture, and physical therapy. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. In this case, the claimant has not undergone a trial of interferential stimulation and therefore providing a home interferential unit for indefinite use is not medically necessary.