

Case Number:	CM15-0067982		
Date Assigned:	04/15/2015	Date of Injury:	09/29/2011
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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:

This 41-year-old woman sustained an industrial injury on 9/29/2011. The mechanism of injury is not detailed. Diagnoses include shoulder pain, medial epicondylitis, tenosynovitis of the hand and wrist, shoulder dislocation, carpal tunnel syndrome, disorders of the bursae and tendons of the shoulder region, cervicobrachial syndrome. Treatment has included oral medications, physical therapy, shoulder surgery, and chiropractic care. Physician notes dated 3/13/2015 show improved complaints of left shoulder and scapular pain. Recommendations include continuing chiropractic care, acupuncture, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for bilateral shoulders and neck QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Sprains and strains of shoulder and upper arm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in

functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented with chronic persistent pain in the neck and shoulder. I find it is interesting that while manipulation is contraindicated in dislocated and unstable joint, this claimant has shoulder dislocation injury with anterior instability; the claimant has had prior chiropractic treatment. Although, it is noted that previous chiropractic improved pain, the total number of visits is unclear and objective functional improvements are not documented. Based on the guidelines cited, the request for additional chiropractic visits is not medically necessary.