

Case Number:	CM15-0069081		
Date Assigned:	04/16/2015	Date of Injury:	12/10/2004
Decision Date:	06/11/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 62 year old male, who sustained an industrial injury on 12/10/2004. The medical records submitted for this review did not include the details regarding the initial injury, however; the records did document an industrial injury involving the right knee and respiratory system and asthma complications. Diagnoses include degenerative joint disease, meniscal tear, right knee joint effusion, asthma, insomnia and emotional stress. Treatments to date include NSAID, physiotherapy, chiropractic therapy and acupuncture treatments. Currently, he complained of continued pain in the right shoulder. On 3/16/15, the physical examination documented crepitus and pain in the right shoulder with range of motion. The Neer's and Hawkins-Kennedy signs were both positive. The diagnoses included labral tear, tendinosis, and degenerative changes of the shoulder per MRI 10/24/14. The plan of care included chiropractic therapy 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 treatment, 3 times a week for the right shoulder, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 59 of 127.

Decision rationale: The patient's initial injury occurred in 2004 with a history of multiple treatment modalities including physiotherapy, chiropractic therapy and acupuncture. Manipulation is a passive treatment but many chiropractors also perform active therapy. The use of active treatment exercises instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self directed home treatment. Based on the MTUS guidelines, the patient should be able to perform active, at home treatment rather than passive manipulation. Therefore the request is not medically necessary.

Physiotherapy, 3 times a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The MTUS guidelines make certain recommendations regarding shoulder complaints and manipulation. Manipulation by a manual therapist is described as effective for patients with frozen shoulders. The period of treatment is limited to a few weeks, because results have been found to decrease with time. Scalene-stretching and trapezius-strengthening exercises are effective in relieving thoracic outlet compression symptoms. The patient has had previous manipulation performed and at this point, active at home exercises would be of greatest benefit. Based on the guidelines, the patient would not be best served by further passive therapy. Therefore the request is not medically necessary.

Manipulation, 3 times a week for the right shoulder, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The MTUS guidelines make certain recommendations regarding shoulder complaints and manipulation. Manipulation by a manual therapist is described as effective for patients with frozen shoulders. The period of treatment is limited to a few weeks, because results have been found to decrease with time. Scalene-stretching and trapezius-strengthening exercises are effective in relieving thoracic outlet compression symptoms. The patient has had previous manipulation performed and at this point, active at home exercises would be of greatest benefit. Based on the guidelines, the patient would not be best served by further passive therapy. Therefore the request is not medically necessary.

