

Case Number:	CM15-0098492		
Date Assigned:	05/29/2015	Date of Injury:	09/04/2002
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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: Chiropractic

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 36-year-old female, who sustained an industrial injury on September 4, 2002. The mechanism of injury was not provided. The injured worker has been treated for neck, right shoulder and bilateral upper extremity complaints. The diagnoses have included cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis, myofascial pain syndrome, right shoulder partial rotator cuff tear, right shoulder impingement syndrome, right shoulder acromioclavicular joint degeneration, left shoulder strain, bilateral elbow lateral epicondylitis, bilateral wrist tendinitis and bilateral carpal tunnel dynamic syndrome. Treatment to date has included medications, radiological studies, chiropractic treatments, home exercise program, physical therapy and right shoulder surgery. Current documentation dated March 17, 2015 notes that the injured worker reported continued neck pain with right upper extremity sharp shooting pain. The injured worker noted right shoulder improvement with the chiropractic care. Examination of the cervical spine revealed tenderness to palpation over the paravertebral musculature, upper trapezius muscles and levator scapulae muscles, right side greater than the left. An axial compression test was noted to be positive. Range of motion was decreased. The treating physician's plan of care included a request for six sessions of in-house chiropractic services, post-op rehabilitation with exercises, myofascial-fascial release, modalities and manipulation twice a week for three weeks and three sessions of in-house chiropractic services, post-op rehabilitation with exercises, myo-fascial release, modalities and manipulation to follow after completion of the six visits two times a week for three weeks to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of in-house chiropractic services, post-op rehab with exercises, myo-fascial release, modalities and manipulation (2 x 3 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Shoulder Section.

Decision rationale: Per the records provided for review, the patient has already completed 24 sessions of post-op chiropractic care for rotator cuff repair surgery (partial tear). The operating report in the materials provided for review indicates that the surgery was performed in December 2014. The post-surgical physical medicine treatment period is 6 months per The MTUS Post-Surgical Treatment Guidelines. The MTUS Post-Surgical Treatment Guidelines, for rotator cuff repair, recommends 24 visits of physical medicine over 14 weeks. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. The number of additional sessions requested exceeds The MTUS recommendations. The patient has completed 24 sessions of post-operative chiropractic care. I find that the 6 additional post-op chiropractic sessions with post-op rehab with exercises, myofascial release, modalities and manipulation to the right shoulder to not be medically necessary and appropriate.

Three (3) sessions of in-house chiropractic services, post-op rehab with exercises, myo-fascial release, modalities and manipulation to follow after completion of 6 visits (2 x 3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Shoulder Section.

Decision rationale: Per the records provided for review, the patient has already completed 24 sessions of post-op chiropractic care for rotator cuff repair surgery (partial tear). The operating report in the materials provided for review indicates that the surgery was performed in December 2014. The post-surgical physical medicine treatment period is 6 months per The MTUS Post-Surgical Treatment Guidelines. The MTUS Post-Surgical Treatment Guidelines, for rotator cuff repair, recommends 24 visits of physical medicine over 14 weeks. Manipulation falls under the physical medicine treatment category along with occupational and physical therapy. The number of additional sessions requested exceeds the MTUS recommendations. The patient has completed 24 sessions of post-operative chiropractic care. I find that the 3 additional post-op chiropractic sessions to follow up 6 sessions with post-op rehab with exercises, myofascial release, modalities and manipulation to the right shoulder to not be medically necessary and appropriate.

