MAXIMUS Federal Services

Case Number:	CM14-0141774		
Date Assigned:	09/10/2014	Date of Injury:	01/11/2013
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29 year old male who sustained a work-related injury to the left shoulder on 01/11/2013. Prior treatment history has included 11 acupuncture sessions, 24 physical therapy sessions and 3 ESWT, which were helpful. Diagnostic studies reviewed include MRI of the left shoulder dated 05/23/2014 revealed acromion flat; laterally downsloping; acromioclavicular joint was normal and tendinosis of the supraspinatus tendon. Progress report dated 05/21/2014 states the patient presented was seen for upper back pain worsened by lifting, left-sided rib cage pain worsened by bending and lifting; lumbar spine pain worsened by overhead work and sleep interruption and difficulty falling asleep. On exam, the left shoulder revealed normal alignment. There is tenderness to palpation over the shoulder joint and Hawkin's sign is positive as well as O'Brien's test. Speed test is positive for bicipital tendinitis. Yergason's test is negative for bicipital instability. The patient is diagnosed with sprain/strain with underlying rotator cuff tendinitis and bicipital tenosynovitis, left shoulder, rule out internal derangement. The patient has been recommended for continued chiropractic treatment to the left shoulder and left upper back. Prior utilization review dated 08/07/2014 states the request for Chiropractic treatment 1 x 4 weeks - Left Shoulder and Left Upper Back is not certified as medical necessity has not been established; and Extracorporeal shockwave treatment 1 x 3 weeks - Left Shoulder is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 x 4 weeks - Left Shoulder and Left Upper Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Integrated Treatment/Disability Duration Guidelines - Shoulder (Acute & Chronic)Official Disability Guidelines: Chiropractic Guidelines: Sprains and strains of shoulder and upper arm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation

Decision rationale: MTUS guidelines do not specifically address chiropractic treatment of the shoulder. According to ODG guidelines, shoulder manipulation is "recommended as indicated below. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated." 9 visits over 8 weeks may be recommended for strains and sprains of the shoulder. In this case a request is made for 4 visits of chiropractic treatment for the left shoulder and upper back of a 29-year-old male injured on 1/11/13 with chronic pain. However, the patient has already had 24 visits of physical therapy, 15 visits of chiropractic treatment, and 11 visits of acupuncture. There is documented symptomatic improvement from chiropractic treatment. However, medical records fail to demonstrate clinically significant functional improvement, including reduction in dependency on medical care, from chiropractic treatment. Further, the patient has exceeded the recommended number of chiropractic treatment visits. Medical necessity is not established. Therefore, the request is not medically necessary.

Extracorporeal shockwave treatment 1 x 3 weeks - Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Shoulder-Extra-corporeal shock wave therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Extracorporeal shock wave therapy

Decision rationale: According to MTUS and ODG guidelines, extracorporeal shock wave therapy is only recommended for calcifying tendinitis but not for other shoulder disorders. In this case a request is made for extracorporeal shock wave therapy for a 29-year-old male with chronic left shoulder pain. L shoulder MRI on 5/23/14 showed moderate supraspinatus tendinosis. There is no documentation or evidence of calcific tendinitis in the provided records. Medical necessity is not established. Therefore, the request is not medically necessary.