

Case Number:	CM13-0008340		
Date Assigned:	03/07/2014	Date of Injury:	10/19/2012
Decision Date:	10/17/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/07/2013

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 Chiropractic 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 54-year-old female born on 12/01/1959. She has a reported date of injury on 10/19/2012, no historical information was provided for this review. The patient underwent left shoulder MRI on 11/14/2013 with findings of prior rotator cuff repair with postoperative findings in the supraspinatus tendon without evidence of a full thickness tear. The patient returned to physical therapy on 02/24/2014 after 3+ months without authorization. On 03/06/2013, the patient underwent left shoulder arthroscopic surgery for rotator cuff repair, extensive debridement, excision of distal clavicle through separate incision, and subacromial decompression. The medical provider's 04/11/2014 PR-2 is completed in cryptic and somewhat difficult to decipher handwritten script. The record indicates the patient had continued weakness and was slowly getting better with PT and had complaints of muscle spasms. ROM appears to be noted as 120/130/63 with no other measured objectives noted. The patient was status post left shoulder surgery on 03/06/2013. The medical provider recommended PT 1 time per week for 12 weeks and chiropractic treatment 1 time per week for 8 weeks. The patient was to remain off work until the next appointment. The medical provider's PR-2 of 07/21/2014 reports the patient continued PT with minimal relief and experienced continued stiffness and pain to the left shoulder. By examination there was + TTP at left shoulder, + Hawkins, + pain with ROM, and + stiffness. The patient was diagnosed with left shoulder RCR, SAD, EXC, and debride on 03/16/2013. The provider recommended chiropractic care 2 times per week for 6 weeks. The medical provider's PR-2 of 08/14/2014 reports the patient had 1 session of chiropractic with some improvement. ROM was reported 90/90/ and strength -4/5. The diagnosis was noted as left shoulder RCT. The patient was to remain off work until the next visit. The provider recommended 12 chiropractic visits for the left shoulder at a frequency of 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy (2) times a week for (6) weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-60. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/27/2014

Decision rationale: The request for chiropractic visits at a frequency of 2 times per week for 6 weeks (12 visits total) to the left shoulder is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, ODG and ACOEM will be referenced regarding the request for chiropractic treatments to the shoulder. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports 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 documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. ACOEM reports shoulder manipulation by a manual therapist has been described as effective for patients with frozen shoulders, but this patient has not been diagnosed with frozen shoulder; therefore, ACOEM does not recommend shoulder manipulation. There is no record this patient has experienced objective progress towards functional restoration with a 2-3 visit trial of chiropractic care, and guidelines support only a total of 9 visits; therefore, the request for chiropractic care at a frequency of 2 times per week for 6 weeks (12 visits total) to left shoulder exceeds ODG and ACOEM recommendations and is not supported to be medically necessary.