

Case Number:	CM13-0016844		
Date Assigned:	10/11/2013	Date of Injury:	05/25/2005
Decision Date:	10/02/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

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 Licensed 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:

According to the available medical records, this is a 58 year old female patient with chronic right shoulder pain, date of injury is 5/25/2005. Previous treatments include medications, home exercises program, physical therapy, chiropractic and some electrical stimulation for home usage. Progress report dated 06/19/2013 by the treating doctor revealed patient with complaints of increased right shoulder pain with frequent spasm. She is using an electrical muscle stimulation unit/medications/pool at a local public facility. She takes Vicodin 1 to 1 tablets per day as needed and Zantac 2 times per day. Examination of the right shoulder revealed tenderness over the subacromial region, supraspinatus tendon and acromioclavicular joint, as well as over the periscapular region. Impingement test and Cross Arm test are positive, ROM: flexion 142, extension 38, abduction 112, adduction 14, internal rotation 54 and external rotation 62 degrees. There is grade 4/5 muscle weakness in flexion, abduction and external rotation. Diagnoses include bilateral shoulder periscapular myofascial strain, right side greater than left, slight subacromial bursitis, tendinitis and impingement, with recent history of increased symptoms. Treatment plan include home exercise program/electrical muscle stimulation, chiropractic with passive therapeutic modalities 2x4, medications and home care 24/7. The patient is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Care two (2) times a week for four (4) weeks for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation.

Decision rationale: This patient presents with increased of her right shoulder pain and electrical muscle stimulation, medications and home exercise program do not help. The request is for chiropractic and additional passive therapeutic modalities 2x4. While the patient right shoulder pain persisted despite use of electrical muscle stimulation and HEP, it is uncertain how additional passive therapies will bring benefits for her. While CA MTUS guidelines do not address manipulation for chronic shoulder pain, ACOEM guidelines only recommended manipulation for frozen shoulder. ODG suggest manipulation only if signs of objective progress towards functional restoration are demonstrated after 2-3 treatments. Therefore, the request for Chiropractic 2x a week for 4 weeks for the Right Shoulder is not medically necessary.