

Case Number:	CM13-0032581		
Date Assigned:	12/11/2013	Date of Injury:	08/27/1998
Decision Date:	03/26/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic 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 physician 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:

Patient is a 54-year-old female who sustained an injury to her left shoulder on 8/27/1998 as a result of collision with a co-worker. The subjective complaints per the specialty physician's report is left shoulder parascapular pain. The patient is status post-surgery. Patient has been treated with medications, physical therapy, (TENS) transcutaneous electrical nerve stimulation, H-Wave therapy, Intelliskin shirt (to stabilize scapula), Flector patches and chiropractic care. The patient has undergone AC arthroplasty on the left shoulder and arthroscopic procedure on her left rotator cuff. The diagnoses assigned by the treating physician are shoulder impingement and pain in shoulder joint. Imaging studies are not available for review. Per the specialty physician's prescription 12 chiropractic sessions were requested. The UR department has authorized 2 sessions of chiropractic care. The treating chiropractor is requesting 5 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 1 TIME PER WEEK FOR 5 WEEKS (LEFT SHOULDER): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation Section.

Decision rationale: This is a chronic case with a date of injury 8/27/1998. Future award exists per specialty physician's report however; the AME/QME report is not available in the records for review. Objective functional improvement data from the chiropractic treatments rendered in the records as defined in the (MTUS) Medical Treatment Utilization Schedule definitions are present and noted. Specialty physician's reports also substantiate PTP's reports in that there is patient improvement with chiropractic care. There has been improvement in range of motion and pain reduction. Patient has been returned to work on a full capacity. MTUS-Definitions (p1) defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS Official Disability Guidelines (ODG) Shoulder Chapter recommends manipulation to the shoulder and does state that "(If a decision is made to use this treatment despite the lack of convincing evidence) allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks." There is convincing evidence in this case. Given that objective functional improvements and measurable gains exist in the chiropractic and specialty physician notes as defined in the MTUS I find the 5 chiropractic sessions to the left shoulder to be medically necessary and appropriate.