

Case Number:	CM13-0033962		
Date Assigned:	12/06/2013	Date of Injury:	05/04/2011
Decision Date:	02/05/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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:

Female patient, 40 at time of injury, on 5/4/2011, was working as a housekeeper, scrubbing a tub when her right hand slipped and hit a metal rail. From October 2011 to December 2012 she has diagnostic tests including videoflouro of the right shoulder, rt wrist, which were wnl; Formal pain evaluation and report; anatomic movement mearusrment and report, wnl; mri thoracic, disc disease multi level; right shoulder mri which revealed ac joint arthropathy; mri cervical with degenerative joint/disc disease at c3-4; mri right wrist with possible tear of the fribrocartilage at triangular ligament; mri right shoulder with subdeltoid fluid, tendonitis of rotator cuff with possible tear [exact location not noted], and mild impingment. On 3/21/2013, she had right shoulder arthroscopy with subacromial decompression. She had 10 physical therapy visits between March 2013 and June 2013. Chiropractic progress reports were submitted in 2012 mostly for record review. Chiropractic report submitted 7/31/2013 and 8/29/2013 stated treatment to include post surgical rehab continue chiropractic at x4 and kinetic activities, subjective complaints [7/31/2013 report] were neck pain and weakness, constant severe sharp right shoulder pain, moderate buring right forearm, right wrist pain with radiating symptoms to fingers and complaint of sleep loss due to pain. UR was performed on 9/9/2013 which non certified the 4 visits of chiropractic post op rehab, based on no documentation of specific number of treatments in the past and the outcome of such, no documentation of a home exercise program patient is involved in 6 months post surgical. UR non certified care using CA MTUS and ACOEM Shoulder Complaints, page 555-556. UR also referenced ODG Shoulder chiropractic guidelines that allow for fading treatment frequency [3 x per week to 1x per week] with active self directed home therapy of 9 visits over 8 weeks. Functional improvement was not identified. Request for IMR is based on denial of th

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP CHIROPRACTIC 1XWK X 4WKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556 and page 203, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder , Chiropractic Guidelines.

Decision rationale: Patient is 6 months post surgical right shoulder arthroscopy with subacromial decompression. She had 10 visits of physical therapy from March 2011 to June 2011. She also had chiropractic care pre and post surgical, though the exact number of treatments and outcome is unknown by the record. There is no documentation that shows progress or functional improvement with the chiropractic care that she had received to date. There is also no documentation to show a home exercise program that is in place. CA Post surgical treatment guidelines for the shoulder documents a post surgical physical medicine treatment period of 6 months. In this case the patient has reached the 6 month period. ODG guidelines for chiropractic care for the shoulder points to 9 visits over 8 week with fading treatment from 3 times per week to 1 time per week with active self directed home therapy. There is no documentation of a self directed care being provided to the patient and no documentation of the outcome of the prior chiropractic treatment to the shoulder. CA MTUS is silent on shoulder care via manual therapy and manipulation, though ACOEM does consider manipulation for patients with frozen shoulders [which is not the case here] for a few weeks. In chronic pain cases like this, it is critical to document and show functional improvement, in this case, there are no such indications that there was any functional improvements in the patient's condition with the care received. The UR findings of non certification should stand.