

Case Number:	CM13-0042407		
Date Assigned:	12/27/2013	Date of Injury:	09/02/2011
Decision Date:	05/21/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/01/2013

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 Orthopedic Surgery 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:

This patient is a 48-year-old female medical collector sustained an industrial injury on 9/2/11. She was reaching into a chest with her left arm when the chest door slammed down forcefully and crushed her left arm. The 8/31/12 cervical MRI showed minor multilevel endplate spondylosis, C5/6 disc bulge with slight central stenosis, and C6/7 disc protrusion with mild central and proximal left foraminal narrowing. The 8/31/12 left shoulder MRI documented moderate arthrosis of the acromioclavicular joint, both hypertrophic and mildly inflammatory in nature, moderate distal supraspinatus tendinosis without evidence of rotator cuff tear, biceps tendonitis and tenosynovitis, and an abnormal appearing labrum. The 2/21/13 AME report indicated that left shoulder manipulation under anesthesia, arthroscopy and subacromial decompression had been recommended but the patient did not want surgery. The 4/8/13 initial orthopedic report cited subjective complaints of constant neck and upper back pain traveling to her left shoulder and arm down to digits 1-3, with occasional numbness and tingling, frequent headaches, left upper extremity weakness, and popping, clicking and grinding in the left shoulder. Pain was relieved with medications, topical creams, and physical therapy. Significant functional limitation in activities of daily living was reported with the left upper extremity. Objective exam noted left trapezius and suprascapular tenderness and muscle spasms with restricted cervical left lateral flexion, left rotation and extension. Left shoulder exam noted tenderness over the rotator cuff and biceps tendon, with positive impingement signs, 4/5 weakness in abduction and internal rotation, and moderately restricted shoulder motion. Sensation and reflexes were intact. The diagnosis was chronic left shoulder strain with underlying fibrous ankylosis, impingement, and frozen shoulder, chronic cervical strain, and mild sleep disorder. The treatment plan recommended 12 physical therapy sessions and topical anti-inflammatories. The 9/23/13 progress report indicated that the patient was worse with

moderate cervical and left shoulder pain, stiffness, weakness, tenderness to palpation, and spasms. Chiropractic treatment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT OF THE CERVICAL SPINE 12 VISITS 2 TIMES A WEEK TIMES 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Under consideration is a request for chiropractic care, 12 sessions. The California MTUS guidelines recommend the use of chiropractic manipulation for chronic pain if caused by musculoskeletal conditions for the intended goal of functional restoration. Guidelines generally support an initial trial of 4 to 6 visits to allow time to produce an effect. The guidelines recommend that all therapies be focused on the goal of functional restoration rather than merely the elimination of pain and state the assessment of treatment efficacy is accomplished by reporting functional improvement. Guideline criteria have not been met. There is no documentation of the functional treatment goal to be addressed by chiropractic treatment. There is no compelling reason to support the medical necessity of initial chiropractic treatment in excess of guideline recommendations. Therefore, this request for chiropractic two times per week for 6 weeks for 12 sessions is not medically necessary.