

Case Number:	CM13-0045088		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2013
Decision Date:	03/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 expert reviewer is Licensed in Chiropractic has a subspecialty in 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 29 year old male patient with pain in the right shoulder, date of injury 04/09/2013 and chronic cervical pain with date of injury 05/13/2010. Previous treatment for the right shoulder include right shoulder arthroscopy, chiropractic, physical therapy, medication and work modification. There is no previous treatment records for the cervical except MRI study noted loss of lordosis, mild DJD, mild neural foraminal narrowing at C3-4. Progress report dated 10/08/2013 by [REDACTED] revealed worsen shoulder pain and right sided lower neck pain, shooting and tingling pain going to the arm, hand and fingers, pain level is constant 5 to 9/10; right shoulder ROM restricted, positive for post surgical adhesive capsulitis, neck ROM restricted right rotation, right lateral bending , positive foramina compression, UE C5,6 radiculitis, combination of post surgery, PT and prior neck claim; diagnoses include st/sp shoulder, rotator cuff syndromes, peripheral enthesopathies/shoulder and cervical disc disorders; patient has completed 11 chiropractic office visit for shoulder treatments, treatment conservative chiropractic and physiotherapy, shoulder exercises, adjunctive physiotherapy, shoulder joint mobilization, patient remain TTD, plan 1-2x per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conservative Chiropractic and Myofascial Therapy 1-2 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Review of the available medical records suggested that this patient cervical pain flares-up due to a combination of surgical and PT of the shoulder. Chiropractic treatment for recurrent/flares-up of chronic neck pain is recommended by CA MTUS guideline. However, with the request for conservative chiropractic and myofascial therapy 1-2 x per month, the requesting doctor did not specified the duration for care and any intended goal or effect on the patient function and return to productive activities. Therefore, based on the guideline cited above, the request for chiropractic and myofascial therapy 1-2 x a month is not medically necessary.