

Case Number:	CM13-0048760		
Date Assigned:	12/27/2013	Date of Injury:	05/11/2011
Decision Date:	02/25/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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 51 year old female school district employee who sustained an injury to multiple body parts on 5/11/2011. The complaints are vast and include bilateral shoulder pains, cervical pain, headaches, hypertension, depression, TMJ syndrome, left arm pain and feet pain. Patient has been provided with numerous medications, physical therapy, acupuncture and chiropractic therapy to treat the bilateral shoulder symptoms and epidural injections to the cervical spine. Per PR-2 records provided the PTP mentions an AME report that allows for future medical award however this AME report was not found in the records. Patient was also seen by an orthopedic surgeon for a consultation on 2/8/13. The orthopedic surgeon concluded that all findings were within normal limits but requested an arthrogram of the left shoulder. An MRI dated 3/1/13 provides the following findings: "Supraspinatus and subscapularis tendonitis, thickening of the middle glenohumeral ligament (Buford complex) and osteoarthritic changes of the acromioclavicular joint with downsloping of the acromion process placing the patient at high risk for impingement", per the radiologist's report. The PTP on the case is requesting an additional unspecified sessions of chiropractic care sessions to be rendered to both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

additional Chiropractic Treatment bilateral shoulders (no frequency and duration specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation/Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation.

Decision rationale: This is a chronic case with an award for future care per mention in the records provided. The actual AME report is absent from the records provided for review. Chiropractic Clinical findings from the one chiropractic PR-2 report provided in the records does not exist. The chiropractor simply reports muscle stiffness, pain level and cervical range of motion. Of interest in this PR2 report is the statement provided by the treating chiropractor that the chiropractic therapy has provided "no improvement" and that "prognosis grim." It is not clear however, in what context these statement are being made. Objective functional improvements from prior chiropractic therapy are not documented and are lacking from the records. ODG shoulder section states under chiropractic guidelines-Sprains and strains of shoulder and upper arm: "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." The number of chiropractic care sessions to the shoulders is not clearly documented in the records submitted. As for manual therapy and manipulation, Chronic Pain Treatment Guidelines p. 58-60 state that manual therapy and manipulation "are recommended for chronic pain if caused by musculoskeletal conditions." It also states that the "goal is to achieve positive symptomatic and/or objective measurable gains in functional improvement." MTUS-definitions, page, 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." Given the non-existence of records documenting objective functional improvement from prior chiropractic care I find that the unspecified number visits of chiropractic care to not be appropriate and not be medically necessary.