

Case Number:	CM13-0049243		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2011
Decision Date:	08/08/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 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 53-year-old female patient, with chronic right shoulder pain and right knee pain, and a date of injury of 10/20/2011. Previous treatments of the right shoulder include medications, injections, occupational therapy, chiropractic, physical therapy, massage, acupuncture, and home exercise program. The progress report dated 10/02/2013 by the treating doctor, revealed that the patient went to emergency room due to palpitation from abducting the arm and the emergency room doctor said that it was related to shoulder pain. An exam noted normal gaits, positive trapezius tenderness with palpation, tenderness with cervical rotation on the left side. The diagnoses include right shoulder impingement, cervical radiculopathy and lumbar radiculopathy. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic sessions for the right shoulder (Rx: 10/02/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The MTUS/ACOEM Guidelines recommend manipulation as effective for a patient with frozen shoulders, the period of treatment is limited to a few weeks, because the results decrease with time. The Chronic Pain Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. This patient's chronic right shoulder impingement syndrome does not meet the guidelines recommendation for chiropractic treatments. Therefore, the request is not medically necessary.