

Case Number:	CM13-0058714		
Date Assigned:	12/30/2013	Date of Injury:	12/01/2011
Decision Date:	06/03/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Chiropractic Medicine, and is licensed to practice in Texas. 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:

The patient is a 46-year-old whose date of injury is December 1, 2011. The mechanism of injury is described as lifting a large box. Electrodiagnostic report dated March 21, 2012 revealed evidence of right moderate compression of the median nerve at the carpal tunnel and right active C7 denervation. The patient is status post arthroscopic SLAP repair of the right shoulder on May 24, 2012 followed by a course of postoperative physical therapy. The patient completed a course of chiropractic care in December 2012. MRI arthrogram of the left shoulder dated April 10, 2013 revealed supraspinatus tendinitis and acromioclavicular osteoarthritis. MR arthrogram of the right shoulder dated June 19, 2013 revealed bicipital tendinosis, rotator cuff tendinosis, no evidenc of rotator cuff tear or labral tear. Per note dated June 25, 2013, the patient has started a course of acupuncture. The patient completed approximately 12 sessions of chiropractic care in May and June 2013. Ultrasound evaluation of the bilateral shoulders dated 09/06/13 revealed right subacromial-subdeltoid bursitis; right acromioclavicular joint disease; normal left shoulder. Progress note dated October 10, 2013 indicates on physical examination right shoulder range of motion is flexion 150, extension 35, IR 60, ER 80, abduction 115 and adduction 34 degrees. Note dated November 12, 2013 indicates that right shoulder pain is rated as 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS ONCE A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Based on the clinical information provided, the request for chiropractic sessions once a week for six weeks for the right shoulder is not recommended as medically necessary. The patient has completed at least 24 chiropractic visits to date. The Chronic Pain Medical Treatment Guidelines supports one to two visits every four to six months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The request for chiropractic sessions once a week for six weeks for the right shoulder is not medically necessary or appropriate.

ACUPUNCTURE TREATMENT ONCE A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for acupuncture treatment once a week for six weeks for the right shoulder is not recommended as medically necessary. The patient has completed twelve sessions of acupuncture to date. The Acupuncture Medical Treatment Guidelines note that optimum duration of treatment is one to two months, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There are no significant objective measures of improvement provided to establish efficacy of treatment. The request for acupuncture treatment once a week for six weeks for the right shoulder is not medically necessary or appropriate.