

Case Number:	CM13-0060054		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2011
Decision Date:	03/26/2014	UR Denial Date:	11/03/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractics 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 44 year old female patient with chronic right shoulder, neck, thoracic and low back pain, date of injury 07/31/2011. Previous treatments include medications, chiropractic, physical therapy, injection to the right shoulder, medicated patches and right shoulder arthroscopic subacromial decompression. Progress report dated 10/23/2013 by [REDACTED] revealed constant moderately severe right shoulder pain, intermittent, mild to moderately severe mid-back pain that occasionally radiates to low back, occasional, mild to moderately severe cervical pain, occasional, mild to moderately severe low back pain, she has improved 20% of right shoulder symptoms, 30% of mi-back symptoms, 80% of cervical symptoms and 30% lower back symptoms; increased cervical ROM in all ranges, cervical flexion 60%, ext. 90%, R flx. and L flx 50%, R rotation 60% and L rotation 40% of normal; right shoulder positive Apprehension, positive Yergason, can't perform Apley's scratch test, mid-back muscle spasm and high thermal differential readings at T6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional chiropractic adjustments and work conditioning for the right shoulder, mid-back, cervical and lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Page(s): 58-59, 125-126.

Decision rationale: While CA MTUS guidelines do recommend chiropractic manipulation as therapeutic for chronic low back pain with evidence of objective functional improvement, it does not address shoulder manipulation. ACOEM guideline only suggest shoulder manipulation for acute frozen shoulder. CA MTUS guideline also do not recommend Work Conditioning for injuries that are more than 2 years. Therefore, the request for chiropractic adjustment and work conditioning for the shoulder, neck, mid-back and lower back is not medically necessary.