MAXIMUS Federal Services

Case Number:	CM13-0063182		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2003
Decision Date:	03/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 Board Certified 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:

According to the available medical records, this is a 55 year old female patient with chronic shoulders pain, date of injury 04/01/2003. Previous treatments include chiropractic, physical therapy, medications, right shoulder arthroscopy, subacromial decompression and distal clavicle resection on 08/15/2011, left shoulder arthroscopy, SLAP repair, acromioplasty, distal clavicle resections and debridement on 11/24/2009. Progress report dated 11/04/2013 by [redacted] revealed increased pain and discomfort to both shoulders approximately four months ago, which she attributes to performing her activities of daily living, including cooking, cleaning and sweeping, she self-treated with medication and ointment, as well as hot packs and rest, with some benefit, cold weather also aggravates her pain, the patient is performing light duties as a volunteer in a school cafeteria, which has not aggravated her symptoms; bilateral shoulders revealed well-healed surgical scars, tenderness to palpation is present over the subacromial region and acromioclavicular joint, impingement test and cross-arm test produce posterior pain only, ROM of the shoulders decreased bilaterally with left measured on the left, motor testing in major muscle groups of both upper extremities revealed 4/5 weakness of the right shoulder in flexion and abduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 3 x week x 4 weeks to bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: While CA MTUS guideline do not address chiropractic manipulation for chronic shoulder pain, ACOEM only recommend manipulation as effective for patients with frozen shoulders. Review of medical records do no reveal this patient with frozen shoulder, therefore, the request for chiropractic 3x4 to bilateral shoulders is not medically necessary.