

Case Number:	CM14-0000315		
Date Assigned:	01/10/2014	Date of Injury:	07/31/2012
Decision Date:	06/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Services 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:

The patient is a 48 year old female who sustained an injury to her right shoulder on 7/31/2012. The mechanism of injury is described as boxes of cardboard falling on the patient. The patient is status post-surgical for the right shoulder. The subjective complaint per the PTP's report is right shoulder pain with numbness and tingling from the neck into the right shoulder and into the right arm and hand intermittently. The patient is status post right shoulder surgery. The patient has been treated with medications, physical therapy, cortisone injection, acupuncture, surgery and chiropractic care, per records provided. The diagnoses assigned by the PTP are right shoulder impingement syndrome status post-surgical, radiculitis and post-traumatic chronic left shoulder sprain/strain. MRI of the right shoulder has shown a partial rotator cuff tear, glenoid labrum SLAP tear and AC joint impingement. The PTP is requesting 12 chiropractic sessions to the right shoulder. The Utilization Review (UR) department has authorized 4 sessions and denied 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS X12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This is a chronic case with a date of injury 7/31/2012. The patient has completed 12 chiropractic sessions. It is not clear if this was pre or post-surgery. Objective functional improvement data from the chiropractic treatments rendered in the records as defined in the MTUS definitions are present and noted. Specialty physician's reports also substantiate patient improvement with chiropractic care. There has been improvement in range of motion and pain reduction. MTUS-Definitions page 1 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." MTUS ODG Shoulder Chapter recommends manipulation to the shoulder and does state that "(If a decision is made to use this treatment despite the lack of convincing evidence) 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." However, this is a post-surgical case and the Post-Surgical Treatment Guidelines apply. The (ODG) Official Disability Guidelines- Post-Surgical Treatment Guides recommend 30 visits over 18 weeks for rotator cuff/impingement syndrome condition. The 12 chiropractic sessions to the right shoulder is medically necessary and appropriate.