

Case Number:	CM14-0007161		
Date Assigned:	02/21/2014	Date of Injury:	08/09/2012
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine & Rehabilitation 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 records made available for review, this is a 55-year-old female with an 8/9/12 date of injury and status post arthroscopic right shoulder debridement on 12/27/12. At the time (12/16/13) of request for authorization for twelve sessions of chiropractic manipulation to the right shoulder, there is documentation of subjective (continued neck and right shoulder pain) and objective (tightness and spasm of the trapezius muscles, pain with cervical hyperextension, positive Spurling's maneuver, and limited range of motion of the cervical spine and right shoulder with decreased strength of the right upper extremity) findings, current diagnoses (cervical spine myofascitis with radiculitis and status post right shoulder arthroscopic surgery), and treatment to date (at least 8 chiropractic sessions with significant pain relief, improved range of motion, and improved functionality; physical therapy; and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF CHIROPRACTIC MANIPULATION TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-60

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MANUAL THERAPY AND MANIPULATION, 58

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that 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. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine myofascitis with radiculitis and status post right shoulder arthroscopic surgery. In addition, there is documentation of at least 8 previous chiropractic treatments. Furthermore, given documentation of significant pain relief, improved range of motion, and improved functionality, there is documentation of positive symptomatic and objective measurable gains in functional improvement with previous treatment. However, the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for twelve sessions of chiropractic manipulation to the right shoulder is not medically necessary.