

Case Number:	CM14-0007190		
Date Assigned:	02/07/2014	Date of Injury:	12/15/2011
Decision Date:	06/23/2014	UR Denial Date:	01/15/2014
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 licensed 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 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 42-year-old female who experienced an industrial injury to her right shoulder and wrist on 12/15/2011 from lifting cases of food. She has undergone a two-year course of treatment for right shoulder and wrist complaints (with diagnoses including shoulder pain, carpal tunnel syndrome, and sprain/strain shoulder and upper arm), with procedures including right carpal tunnel release, physical therapy, acupuncture, medications, and chiropractic treatment (completing at least 8 treatment sessions). Despite the above noted course of treatment, she remains symptomatic, functionally impaired, and unable to return the vocational activities. The patient completed a right shoulder MR on 06/29/2012, which was reported essentially unremarkable except for a small amount of fluid in the subacromial/subdeltoid bursa compatible with a bursitis. On 06/20/2013, the patient presented for right shoulder injection, and there was a request for 8 visits of chiropractic care. She was seen in orthopedic follow-up on 12/12/2013, with continued right hand, right shoulder, and cervical spine discomfort and some incisional pain from recent carpal tunnel release. On 12/12/2013, she exhibited positive impingement sign in her right shoulder, negative drop sign, and 60% normal right shoulder ROM and was diagnosed right shoulder tendinopathy and right carpal tunnel release. On 12/17/2013, she was seen in orthopedic follow-up, recovering from carpal tunnel release and was diagnosed right shoulder tendinopathy and right-hand carpal tunnel release, and she was dispensed Ultram and was to remain off work. On 02/10/2014, the patient underwent right shoulder MR, which exhibited rotator cuff tendinosis, degeneration/degenerative disruption of the super posterior labrum, intrasubstance degeneration and mild irregularity of the anterior/superior labrum, mildly type II acromion with mild acromioclavicular arthrosis, and nonspecific right axillary lymph nodes. There was no chiropractic documentation submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS 8 SESSIONS OF UNSPECIFIED FREQUENCY TO RIGHT SHOULDER/WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The chiropractor did not submit documentation of patient history, comparative measured subjective or objective clinical data, treatment plans with measurable treatment goals, or clinical chart note records. Although the chiropractor did not provide any clinical documentation, the information provided for this review indicates the patient has already treated with chiropractic care on at least 8 occasions. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. There was no documentation to provide evidence of objective functional improvement with chiropractic care rendered or evidence of a recurrence/flare-up, and elective/maintenance care is not supported to be medically necessary; therefore, the request for 8 chiropractic sessions is not supported be medically necessary.