

Case Number:	CM14-0100164		
Date Assigned:	07/28/2014	Date of Injury:	11/26/2013
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 46-year-old female born on 10/01/1967. On 11/26/2013, the patient was placing boxes on a pallet, a coworker was behind her and accidentally pushed some boxes over, which fell and landed on the patient's neck and right upper extremity. The Doctor's First Report notes the patient presented for chiropractic care on 12/23/2013 with complaints of right shoulder pain, neck pain, right arm pain, and right chest pain. An examination on 12/23/2013 revealed decreased sensory right C5-C6, a cervical flexion of 35, a cervical extension of 18 bilateral rotation of 40, and bilateral lateral bending at 20; a right shoulder flexion at 80, a right shoulder extension of 13, and tenderness right upper chest. The diagnoses were noted as right shoulder sprain/strain with tendinitis, cervical sprain/strain, rib sprain/strain, sleep disorder, and psych. There was a recommendation for chiropractic therapy/modalities/rehab sessions at a frequency 1-2 times per week for 6 weeks. The chiropractor's 03/05/2014 PR-2 reports patient complaints of right shoulder pain, neck pain and right chest pain. An examination on 03/05/2014 revealed decreased sensory C5-C6 on right, a cervical spine flexion of 35, extension of 12, left rotation of 40, right rotation of 40, a left lateral flexion of 20, a right lateral flexion of 20; right shoulder flexion of 85, right shoulder extension of 15, right shoulder abduction of 85, and tenderness right upper chest. Recommendations included chiropractic manipulative therapy/modalities/rehab 1-2 times per week for 6 weeks. The chiropractor's PR-2 of 04/04//2014 reports patient complaints of right shoulder pain, neck pain, and right chest pain. An examination on 04/04/2014 revealed decreased sensory C5-C6 on right, cervical spine flexion of 38, extension of 15, left rotation of 43, right rotation of 45, left lateral flexion of 24, right lateral flexion of 22; right shoulder flexion of 85, right shoulder extension of 15, right shoulder abduction of 85, and tenderness right upper chest. The recommendations included chiropractic manipulative therapy/modalities/rehab 1-2 times per week for 6 weeks. The chiropractor's PR-2 of 05/05/2014 reports patient complaints of

right shoulder pain, neck pain, and right chest pain. Examination on 05/05/2014 revealed decreased sensory C5-C6 on right, cervical spine flexion of 38, extension of 15, left rotation of 43, right rotation of 45, left lateral flexion of 24 and right lateral flexion of 22; right shoulder flexion of 90, right shoulder extension of 15, right shoulder abduction of 85 and tenderness right upper chest at rib 2-3. The recommendations included chiropractic manipulative therapy/modalities/rehab 1-2 times per week for 6 weeks. The patient was to remain off work through 06/05/2014. The chiropractor's PR-2 of 06/06/2014 reports patient complaints of right shoulder pain, neck pain, and right chest pain. An examination on 06/06/2014 revealed decreased sensory C5-C6 on right, cervical spine flexion of 40, extension of 18, left rotation of 40, right rotation of 50, left lateral flexion of 24 and right lateral flexion of 22; right shoulder flexion of 93, right shoulder extension of 15, right shoulder abduction of 90, and tenderness right upper chest at rib 2-3. The recommendations included chiropractic manipulative therapy/modalities/rehab 1-2 times per week for 6 weeks. The patient was to remain off work through 07/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractor treatments for the right shoulder, 1-2 times a week for 6 weeks as an outpatient: 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 Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 07/29/2014.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, MTUS guidelines are not applicable in this case. The ODG is the reference source, and ODG does not support the request for 12 sessions of chiropractic therapy for the shoulder. The ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. The ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. The request for 12 chiropractic visits for the shoulder exceeds ODG recommendations and is not supported to be necessary. Therefore the request is not medically necessary.