

Case Number:	CM14-0010820		
Date Assigned:	02/21/2014	Date of Injury:	12/06/2006
Decision Date:	07/08/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 Texas. 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 injured worker is a 59-year-old female who reported injury on 12/06/2006. The mechanism of injury was the injured worker slipped on a radio cord and hit her back against a wall, and while falling, the injured worker's right arm was caught between 2 tables. Prior treatments included physical therapy, acupuncture, and medications. The documentation indicated the injured worker had an MRI which revealed a partial undersurface tear, the supraspinatus with acromioclavicular degenerative joint disease, and a labral tear. The documentation of 11/12/2013 revealed the injured worker had decreased range of motion and pain with movement. Strength was severely decreased. The injured worker had a positive drop arm test. The diagnoses included possible CRPS of the right upper extremity, right shoulder adhesive capsulitis, right shoulder supraspinatus tendon and subscapularis tendon partial tear, and right shoulder SLAP lesion. The treatment plan included a trial of chiropractic therapy 2 times a week for 4 weeks for the right shoulder for conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF CHIROPRACTIC CARE, WITH PHYSIOTHERAPY, FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 205, Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59. Decision based on Non-MTUS Citation (ODG) Shoulder Chapter, Manipulation.

Decision rationale: The California MTUS Guidelines recommend chiropractic care. However, they do not specifically address chiropractic care for the shoulder. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the treatment for sprains and strains of shoulder and upper arm are 9 visits over 8 weeks. The clinical documentation submitted for review indicated the injured worker had decreased range of motion and pain with all movements. Strength was severely decreased. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture and physical therapy. It was documented the injured worker had not trialed chiropractic care. Subsequent documentation dated 12/17/2013 revealed the injured worker had 1 chiropractic appointment but cancelled it. It was indicated the injured worker was not performing home exercises and that everything was difficult and medications were not helpful. Additionally, a request was made for a second opinion regarding a possible right shoulder surgery with an orthopedic surgeon, an orthopedic surgeon and interventional pain management consultation for CRPS. It was indicated the injured worker would be seeking a second opinion for a shoulder surgery and interventional pain management. The injured worker was noted to have adhesive capsulitis. The MRI revealed a SLAP lesion and a tear of the rotator cuff and the injured worker continued to have shoulder pain in spite of prior therapies including acupuncture, physical therapy and medications. As such, the request for 8 sessions of chiropractic care with physiotherapy for the right shoulder is not medically necessary.