

Case Number:	CM14-0011867		
Date Assigned:	02/21/2014	Date of Injury:	10/10/2012
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/29/2014

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:

Clinical Summary: The patient is a 49 year of female who was injured on 10/10/2012. The mechanism of injury is unknown. Prior treatment history has included 9 sessions of physical therapy, arthroscopic rotator cuff repair of the right shoulder on 06/17/2013. MRI of the right shoulder dated 02/16/2013 demonstrates a 5 mm full thickness tear critical zones supraspinatus tendon. There is a type I lateral downward sloping acromium with moderate-sized spur in the region of the attachment of the coracoacromial ligament; and moderately severe degeneration of the acromioclaviular joint with onlymild inferior particular spur formation and capsular hypertrophy. PR2 dated 11/20/2013 reports the patient presents with complaints of right shoulder pain which she rates a 4-5/10 radiating to her right elbow. Objective findings on exam reveal moderate pain, decreased range of motion and a decrease in strength. The patient is diagnosed with positive sprain of the right shoulder and impingement syndrome of the right shoulder. The plan is chiropractic and physical therapy twice a week for 4 weeks. Physical therapy note dated 08/22/2013 reports the patient is making good progress with physical therapy. She exhibits increased AROM/strength as well as decreasing pin. She continues to exhibit mild joint hypomobility and rotator cuff tenderness. She continues to exhibit difficulty with overhead motions. It is stated that she would benefit from more physical therapy sessions. Prior UR dated 01/02/2014 states the request for chiropractic therapy twice a week for 4 weeks is non-certified as there is no documentation providing evidence of the effectiveness or ineffectiveness of chiropractic and physical therapy care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TWO TIMES A WEEK FOR FOUR WEEKS FOR 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 AND MANIPULATION,

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

Decision rationale: As per CA MTUS guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The medical records submitted for review indicates that the patient appears to be making adequate progress with physical therapy. The addition of chiropractic not only seems unnecessary but could be problematic. Chiropractic treatment for shoulder pain is recommended by most chiropractors except when impingement syndrome is part of the diagnosis cascade. From the ODG, "A recent meta-analysis concluded that there is limited evidence which supports the efficacy of manual therapy in patients with shoulder impingement syndrome." Also, ODG guideline further states that "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 demonstrated." It is my opinion that the patient should continue with that Physical Therapy but the Chiropractic treatment is not certified.