

Case Number:	CM14-0013128		
Date Assigned:	02/24/2014	Date of Injury:	04/18/2009
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

According to the available medical records, this is a 36-years-old male patient with chronic right shoulder pain, date of injury 04/18/2009. Previous treatments include medication, injection, physical therapy, chiropractic and surgery. The treating doctor's progress report dated 01/14/2014 revealed right shoulder pain, patient underwent anterior labral repair 3 years prior and recently developed increasing pain anteriorly and laterally. A subacromial injection provided temporary relief. Physical therapy has helped him to get increased range of motion and strength. He continues to have pain. MRI (magnetic resonance imaging) noted some supraspinatus tendonopathy and acromioclavicular joint degenerative joint disease. Exam noted right mild deltoid atrophy, passive forward elevation (R/L): 110/120, passive ext. rotation at 90 degrees elevation (R/L): 40/70, positive Sulcus sign, impingement sign positive and tenderness subacromial space. Assessment includes shoulder bursitis/tendinitis, contracture of joint of upper arm and primary localized osteoarthritis of shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) CHIROPRACTIC SESSIONS, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS, TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: The CA MTUS guidelines do not address the issue of chiropractic manipulation for chronic shoulder pain. The ACOEM guidelines suggest manipulation being effective for frozen shoulder only and treatment is limited to a few weeks. The patient's shoulder complaint is over 3 years and clinical records do not reveal and diagnoses of frozen shoulder. Therefore, the request for eight (8) chiropractic sessions, two (2) times a week for four (4) weeks to the right shoulder is not medically necessary.