

Case Number:	CM14-0016655		
Date Assigned:	04/11/2014	Date of Injury:	07/30/2012
Decision Date:	05/13/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Care 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:

Patient is a 49 year old female who sustained an injury to her right shoulder on 7/30/2012 as a result of performing her duties as a machine operator. The subjective complaints per the specialty physician's report is constant pain in the right shoulder "which she describes as sharp and dull. The patient states that the pain radiates down the right arm to the hand." The patient is status post right shoulder surgery. Patient has been treated with medications, physical therapy, cortisone injection, surgery and chiropractic care, per records provided. The patient has also undergone a urine toxicology test. The diagnoses assigned by the specialty physician is right shoulder sprain/strain and partial thickness tear of supraspinatus tendon and deformity of AC joint. MRI of the right shoulder has shown "extensive partial undersurface tear of the supraspinatus tendon, extending into the infraspinatus involving greater than 50% thickness of the fibers." The PTP is requesting 12 chiropractic sessions to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT (3 X 4)- 12 SESSIONS FOR THE RIGHT SHOULDER:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Shoulder Chapter, Manipulation Section Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1.

Decision rationale: This is a chronic case with a date of injury 7/30/2012. There is ambiguity in the records for this case. The secondary specialty physician states in his report that the patient has completed 36 sessions of physical therapy. The UR reviewer states the patient has completed 36 sessions of chiropractic therapy. There are no records available from the requesting Primary Treating Physician. In fact the majority of records are from a different provider not named on the IMR request form who seems to be the PTP. There are no chiropractic treatment records available. Objective functional improvement data from the chiropractic treatments rendered in past (if not physical therapy) as defined in the MTUS definitions are not present. There are no physical therapy notes in the records. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." MTUS ODG Shoulder Chapter recommends manipulation to the shoulder and does state that "(If a decision is made to use this treatment despite the lack of convincing evidence) Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks." Since it is both stated that there has been 36 sessions of chiropractic care and 36 sessions of physical therapy rendered it is assumed that both methods of care have been rendered at some point. The quantity is not certain. There is no evidence in this case of any functional improvement with the care. Given that objective functional improvements and measurable gains does not exist as defined in the MTUS I find that the 12 chiropractic sessions to the right shoulder to not be medically necessary and appropriate.