

Case Number:	CM14-0161048		
Date Assigned:	10/06/2014	Date of Injury:	09/15/2008
Decision Date:	11/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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:

According to the available medical records, this is a 49 year old female with chronic neck, back, shoulders and bilateral upper extremities pain, date of injury is 09/15/2009. Previous treatments include medications, physical therapy, cortisone injection, arthroscopic capsular release and closed manipulation under anesthesia for left shoulder, arthroscopic surgery and manipulation under anesthesia for right shoulder, bilateral carpal tunnel release surgeries, bilateral ring fingers release, and psychiatric treatments. Progress report dated 08/25/2014, by the treating doctor revealed patient with increased left shoulder pain, stiffness and loss of ROM, 3/10, mild to moderate and frequent pain. Objective findings revealed left shoulder AROM decreased, left shoulder push button test positive, left shoulder crepitus, joint pain, muscle spasm and soreness. Diagnoses include status post left shoulder arthroscopy, status post right shoulder arthroscopy with manipulation under anesthesia and residual impingement. Treatment plan include chiropractic include modalities and myofascial release 2x4 weeks for the left shoulder. The patient returned to modified work. The rest of the report is hand written with poor quality copy and very difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, to include manipulation & myofascial release QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder>, <Manipulation> 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 mo

Decision rationale: This injured worker present with chronic recurrent left shoulder pain that has failed to response to medication, physical therapy, surgery and manipulation under anesthesia. While a trial of chiropractic manipulation may be recommended; however, the request for 8 treatments exceeds the guideline recommendation for care, without signs of objective functional improvement. Therefore, this request is not medically necessary.