

Case Number:	CM14-0170577		
Date Assigned:	10/20/2014	Date of Injury:	05/12/2008
Decision Date:	11/20/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopaedic Surgery 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:

This 62-year-old male driver/delivery person sustained an industrial injury on 5/12/08. Injury occurred when he fell forward and put his arms up to catch himself, dislocating his left shoulder and injuring the right shoulder. Past medical history was positive for hypertension, exogenous obesity, type II diabetes, and hypercholesterolemia. Past surgical history was positive for one left shoulder surgery and right shoulder surgeries on 6/6/10 and 3/9/11. He underwent revision right shoulder arthroscopy with extensive debridement, subacromial decompression, capsular release, and biceps tenotomy on 2/15/13 and completed 24 post-op physical therapy visits with restoration of functional range of motion. The 4/14/14 cervical spine MRI documented multilevel attenuation of the ventral subarachnoid space with moderate to severe neuroforaminal stenosis and impingement of the C4, C5, and C6 nerve roots. The 4/14/14 bilateral shoulder x-rays demonstrated post-operative changes on the right reflective of a rotator cuff tear repair. There was bilateral acromioclavicular (AC) joint arthropathy with sequela of remote trauma involving the cephalic aspect of the right AC joint. There were degenerative changes of inferior aspect of both glenohumeral joints. The 4/24/14 electrodiagnostic study impression documented evidence of moderate right and mild left carpal tunnel syndrome and findings suggestive of chronic bilateral C5/6 and C6/7 radiculopathy. Chiropractic treatment was initiated on 10/31/13 with treatment focused on the cervicothoracic spine. The treating chiropractor reported a positive response, but there was no documented objective measurable functional improvement. Records indicated that chiropractic treatment had been authorized from 22 visits since October 2013. The 8/11/14 treating physician report cited a flare-up of constant severe right shoulder and trapezius pain. Medications reduced pain to 2/10. Right shoulder exam findings documented tenderness. The patient was given intra-articular injections with Depomedrol and Marcaine for pain and inflammation. The 9/22/14 treating physician report indicated the patient was seen for routine

follow-up. Subjective complaints included constant, moderate right shoulder pain radiating to the trapezius muscle with occasional numbness of the right hand and right 3rd finger. There was occasional shakiness of the right arm and hand noted. Pain could increase up to grade 8-9-10 without taking Norco and Motrin. The last corticosteroid injection to the shoulder helped relieve his flare-up. Physical exam documented blood pressure 130/90, weight 286 pounds, grossly intact coordination and normal gait. There was right shoulder tenderness. The diagnosis was shoulder and upper arm sprain/strain. Chiropractic manipulation was recommended for 8 visits as the patient had received chiropractic treatment in the past with beneficial results. The 10/13/14 utilization review denied the request for chiropractic treatment as there was limited documentation of measurable objective and functional improvements from prior chiropractic treatment and the last date of chiropractic treatment was unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the right shoulder 1 time a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58, 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual therapy and manipulation, Physical medicine Page(s): 9, 58, 98-99.

Decision rationale: The California MTUS guidelines state that manipulation by a manual therapist may be effective for patients with frozen shoulders, limited to a few weeks. MTUS chronic pain guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Chiropractic treatment guidelines generally support 1 to 2 visits for flare-ups, and indicate that 4 to 6 visits allow time to achieve a functional benefit. Guideline criteria have not been met. The current request for chiropractic treatment to the right shoulder appears directed toward pain reduction. There is no specific functional deficit to be addressed by chiropractic. Objective findings relative to the shoulder are limited to non-specific tenderness. There is no indication that the patient has a frozen shoulder. Records documented good pain reduction with medication use and corticosteroid injection. Chiropractic treatment has been provided with no objective measurable documentation of functional improvement with past treatment. There is no indication why a home exercise program would be insufficient. Therefore, this request of Chiropractic treatment for the right shoulder 1 time a week for 8 weeks is not medically necessary and appropriate.