

Case Number:	CM14-0020977		
Date Assigned:	04/30/2014	Date of Injury:	01/22/2013
Decision Date:	06/09/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The patient is a 37 year old female who was injured on 01/22/2013 when she slipped on ice in the parking lot on her way to work. She landed on her buttocks, and fell backwards hitting her left shoulder and elbow against the ground. Prior treatment history has included six sessions of physical therapy, a home exercise program and medications including Vicodin, Flexeril, Lidoderm 5% patch and Ibuprofen 600 mg 3 times daily. She has also had left shoulder cortisone injection. Diagnostic studies reviewed include an MRI of the cervical spine performed on 08/07/2013, which demonstrated no significant disc pathology or stenosis; no significant canal or neural foraminal narrowing; and no reversal of cervical lordosis with smooth margined kyphosis centered at C4. An MRI of the left shoulder dated 03/12/2013 showed subscapularis distal tendinopathy with small focal intrasubstance partial thickness tear along with superior margin. There is no evidence of full thickness rotator cuff tear; supraspinatus mild distal tendinopathy; mild lateral down sloping of the acromion with peripheral effacement of the subacromial plane; and acromiohumeral distance measures 4 mm. According to a MMI evaluation report dated 10/09/2013, the patient presented with complaints of headaches, left-sided neck pain, and left shoulder pain. There is no history of a head injury. There is no history of a loss of consciousness. She was diagnosed with neck and left shoulder strain, left hip contusion and post-traumatic headaches. The patient states her left hip contusion improved with physical therapy, but she continued to have left-sided neck pain and left shoulder pain with restricted range of motion. She also gave a history of headaches and tingling sensation in the left eye and watering of the eye. There is no history of diplopia. She reports the physical therapy did not help at all. She was referred for six sessions of acupuncture therapy. At her follow-up visit on 04/10/2013, the patient did not report any significant improvements. At her follow-up visit on 06/05/2013, she reported no improvement in her symptoms, following the cortisone

injection at the left shoulder. Objective findings on exam revealed restricted range of motion with torsion to 60 degrees bilaterally and right lateral bending to 45 degrees. There is tenderness to palpation noted over the left trapezius muscle. She has trigger points with muscle guarding and hypertonicity is noted. Spurling's maneuver is negative. Adson's test is negative. Range of motion of the cervical spine is associated with pain over the left trapezius muscle. Examination of the shoulder joint shows a restricted range of motion at the left shoulder exhibiting IR to 60 degrees and ER to 70 degrees. There is tenderness to palpation noted over the anterior shoulder on the left side. Range of motion at the left shoulder is associated with pain at the end range of motion. Signs of impingement are negative bilaterally. Neurological examination of bilateral upper extremities does not show any motor or sensory deficits. Deep tendon reflexes are brisk and bilaterally symmetrical. Diagnoses are cervical myofascial pain, involving the left trapezius muscle and left shoulder rotator cuff tendonitis. Her future medical treatment includes additional medication, physical therapy, chiropractic therapy, or acupuncture treatments. On the doctor's first report of occupational injury note dated 01/08/2014, it is noted the patient's treatment plan included the following: 12 chiropractic visits which included physiotherapeutic modalities and procedures, initial AFCE with 10 work conditioning and 7 extracorporeal shockwave to the left rotator cuff region. The next course of treatment will be predicated upon re-evaluation of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 12 VISITS FOR THE CERVICAL AND THORACIC SPINE AND LEFT SHOULDER: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines pages 58-60 state an initial treatment session of 6 visits over a period of 2 weeks is recommended if pain is musculoskeletal in origin with a total of 18 visits over a 6-8 week period provided there is clear documentation of a measurable improvement in functional capacity with a goal of transitioning the patient to a home exercise program. Per the MTUS Chronic Pain Guidelines, effective/maintenance care is not medically necessary. Flare-ups need to reevaluate treatment success. If a return to work is achieved, then 1-2 visits every 4-6 months. In this case, the records clearly state there was no measurable functional improvement to the patient with prior treatment. There is no clear goal stating what anticipated functional improvements would be expected with future/additional treatment. Additionally, this request falls outside the 6-8 week period addressed within the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary and appropriate.