

Case Number:	CM14-0023908		
Date Assigned:	07/23/2014	Date of Injury:	07/02/2009
Decision Date:	10/06/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 a licensed Chiropractor, and is licensed to practice in Alabama & Texas. 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 injured worker is a 66 year-old female with a recorded 7-2-09 date of injury. A 10-24-13 medical evaluation notes complaint of right shoulder pain related to carrying heavy trays. The record describes findings of: restricted range of motion in elevation, external and internal rotation; tenderness to palpation; rotator cuff strength 4/5; positive impingement sign. Radiographic findings described include: mild arthritic changes in the shoulder, otherwise no bony abnormalities. Assessment is right shoulder impingement with possible rotator cuff tear. Recommendation is for a right shoulder MRI. The patient is followed in chiropractic records with the most recent record submitted for review being 2-25-14. The record describes that no recent chiropractic treatment was requested but, that the patient had been evaluated for both wrist and shoulder complaints for which MRI studies had been recommended. The records include a 2-13-14 right wrist MRI study. The objective section of this record notes: X-ray findings of moderate to severe joint widening of right glenohumeral space; weakness of right shoulder; mild-moderate right shoulder restriction; positive right median nerve compression test. Diagnosis noted is: cervical disc syndrome, cervicobrachial syndrome, thoracic pain, right shoulder internal derangement, carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for chiropractic visit #1 DOS:1/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 62.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manipulation, Shoulder

Decision rationale: ODG notes: 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 modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The patient's submitted diagnosis is not consistent with that for which manipulation may be recommended. As such, medical necessity of the request for chiropractic visits for date of service 1-14-14 is not supported with the application of evidence based guidelines. Therefore this request is not medically necessary.