

Case Number:	CM14-0031486		
Date Assigned:	06/20/2014	Date of Injury:	12/05/2012
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/12/2014

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:

The patient is a 54-year old female, born on 05/09/1960. She has a reported date of injury on 12/05/2012, but no biomechanical history of the injury was noted. On 07/18/2013 the patient was seen with continued trapezius pain. By examination on 07/18/2013, the patient was well-developed and well-nourished in no acute distress, there was tenderness to palpation in the trapezius and rhomboid, cervical spine range of motion was normal without the patient expressing any complaints of pain, there was no evidence of radiating pain to the upper extremities on cervical motion, Spurling test was negative, palpation over the acromioclavicular joint and greater tuberosity of the shoulder was painless, there was no tenderness in the subacromial space of the shoulder to palpation, bilateral shoulder ranges of motion were to normal limits, rotator cuff strength was equal in both arms at 5/5, stress testing of the capsular structures showed no evidence of shoulder instability, sulcus and apprehension tests were negative, impingement test was negative in the shoulder, Neer and Hawkins testing was negative; sensation was intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral upper extremities; upper extremity motor strength was 5/5 bilaterally, DTRs were 2+ bilaterally; and Phalen, Tinel, and Finkelstein's tests were negative. The diagnosis was noted as trapezius and rhomboid strain, recalcitrant in nature, and there was a request for chiropractic care at a frequency of 3 times per week for 2 weeks. On 12/05/2013 the patient was seen with continued trapezius pain. By examination on 12/05/2013, the patient was well-developed and well-nourished in no acute distress, there was tenderness to palpation in the trapezius and rhomboid, cervical spine range of motion was normal, without the patient expressing any complaints of pain, there was no evidence of radiating pain to the upper extremities on cervical motion, Spurling test was negative, palpation over the acromioclavicular joint and greater tuberosity of the shoulder was painless, there was no tenderness in the

subacromial space of the shoulder to palpation, bilateral shoulder ranges of motion were to normal limits, rotator cuff strength was equal in both arms at 5/5, stress testing of the capsular structures showed no evidence of shoulder instability, sulcus and apprehension tests were negative, impingement test was negative in the shoulder, Neer and Hawkins testing was negative; sensation was intact to light touch, pinprick and two-point discrimination in all dermatomes in the bilateral upper extremities; upper extremity motor strength was 5/5 bilaterally, DTRs were 2+ bilaterally; Phalen, Tinel, and Finkelstein's tests were negative. The diagnosis was noted as trapezius and rhomboid strain, recalcitrant in nature, and there was a request for an extension of chiropractic care. Chiropractic documentation indicates the patient treated on the 6th of 12 authorized treatment sessions on 11/15/2013. The patient has treated with at least 12 authorized chiropractic visits to date, 6 for the cervical spine and 6 for the shoulder. There is a request for 6 visits of chiropractic care to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 3 X 2 LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8C.C.R. 9792.20--9792.26 (Effective July 18, 2009), Page 59-60 of 127: Manual therapy & manipulation Page(s): 59-60 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Procedure Summary - Manipulation, Physical Therapy. Updated 04/25/2014.

Decision rationale: The request for chiropractic treatment of the left shoulder at a frequency of 3 times per week for 2 weeks is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. MTUS is silent relative to recommendations for or against manual therapy and manipulation in the treatment of shoulder complaints; therefore, MTUS is not applicable relative to manual therapy and manipulative treatment of the shoulder. Specific treatment procedures requested were not reported; therefore, a review of treatment modalities common to the chiropractic profession was performed, and ODG is the reference source. Relative to manipulation in the treatment of shoulder conditions, ODG reports there is limited evidence to support the utilization of manipulative procedures of the shoulder. 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. This patient has already treated with chiropractic care to the shoulder on 6 occasions, without documentation of objective progress towards functional restoration; therefore, additional manipulative treatment sessions are not supported to be medically necessary. Relative to the use of physical therapy procedures in the treatment of shoulder complaints, ODG reports the patient should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. This patient has already treated with

chiropractic care for the shoulder on 6 occasions, but there is no documentation the patient was assessed after a six-visit clinical trial to see if the patient was moving in a positive direction, no direction, or a negative direction; therefore, the request for 6 additional treatment sessions is not supported to be medically necessary.