MAXIMUS Federal Services

Case Number:	CM14-0034996		
Date Assigned:	06/23/2014	Date of Injury:	10/28/2011
Decision Date:	08/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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:

This is a 58-year-old female with a 10/28/11 date of injury. The mechanism of injury was while she was performing her usual and customary duties, she felt a pull in her shoulders and proximal upper extremities while lifting baskets that weighed about 30 pounds. According to a chiropractic note dated 2/18/14, the patient complained of intermittent moderate dull, sharp left and right shoulder pain and stiffness, associated with overhead reaching. The patient also complained of intermittent dull, achy right wrist pain, numbness and tingling associated with repetitive twisting, repetitive grabbing/grasping/gripping. Objective findings: painful ROM of left shoulder, decreased and painful ROM of right shoulder, painful ROM of right wrist, +3 tenderness to palpation of the dorsal wrist, lateral wrist, medial wrist, and volar wrist, positive Phalen's. Diagnostic impression: left and right shoulder impingement syndrome, left and right shoulder sprain/strain, status post surgery right shoulder, right carpal tunnel syndrome, right wrist internal derangement, right wrist sprain/strain. Treatment to date: medication management, activity modification, shoulder surgery. A UR decision dated 2/26/14 denied the request for addition chiropractic sessions. The past 2 progress reports do not evidence the patient as making objective or subjective improvement. In the absence of evidence of improvement, the need for continued care in this manner does not meet medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic 2x4 (8 units) for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter-Manipulation.

Decision rationale: CA MTUS states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. 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. It is unknown how many chiropractic treatment sessions the patient has already completed. 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. ODG Chiropractic Guidelines, for sprains and strains of shoulder and upper arm, recommends fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy, maximum of 9 visits over 8 weeks. There is no documentation of significant functional improvement from the chiropractic notes provided for review. In addition, there is no documentation of how many chiropractic sessions the patient has already completed. Furthermore, a valid rationale as to why remaining rehabilitation cannot be accomplished with transitioning to a home exercise program was not provided. Therefore, the request for Additional chiropractic 2x4 (8 units) for the left shoulder was not medically necessary.