

Case Number:	CM14-0037007		
Date Assigned:	06/25/2014	Date of Injury:	11/21/2013
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 32-year-old male, born on [REDACTED]. On 11/21/2013, the patient was involved in an industrially related motor vehicle accident when his vehicle collided with the vehicle in front of him, which caused the vehicle behind him to strike his vehicle. On 01/08/2014, the patient presented for chiropractic care with complaints that included headaches, neck pain, and right shoulder. By examination on 01/08/2014 cervical ranges of motion were noted as flexion 50/50, extension 50/60, right lateral bending 40/45, left lateral bending 35/45, and bilateral rotation 80/80; shoulder ranges of motion were noted as flexion right 170/left 180, abduction right 170/left 180, internal and external rotation right 80/left 80, and extension right 60/left 60; upper and lower extremity DTRs 2+ bilaterally, upper extremity motor strength 5/5 bilaterally. Diagnoses were noted as concussion with no loss of consciousness, post traumatic headaches, cervical sprain/strain, upper thoracic sprain/strain, and right shoulder sprain/strain rule out internal derangement. Eight sessions of chiropractic therapy were requested. On 02/13/2014, the patient presented for comprehensive initial orthopedic consultation with the complaint of right shoulder pain. The patient had reportedly benefited from chiropractic care. By shoulder examination on 02/13/2014, no tenderness was noted over the suprascapular, shoulder, acromioclavicular, subacromial, anterior, or biceps regions bilaterally; range of motion was noted as extension right 50/left 50, abduction right 170/left 180, adduction right 15/left 50, flexion right 150/left 180, and internal rotation left 90/right 80, and external rotation right 55/left 50; upper extremity muscle strength 5/5 bilaterally, no evidence of upper extremity atrophy, Hawkins and crossover tests positive on the right with all other reported testing procedures negative bilaterally, upper extremity DTRs 2+ bilaterally, and upper extremity sensation intact bilaterally. Diagnoses were noted as early arthropathy of the right shoulder acromioclavicular joint and right shoulder mild impingement syndrome with acclaimed subacromial bursitis. The

patient has already reportedly completed 8 chiropractic sessions and there is a request for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the neck and right shoulder, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK & UPPER BACK (ACUTE & CHRONIC, PROCEDURE SUMMARY - PROCEDURE SUMMARY - MANIPULATION/ODG CHIROPRACTIC GUIDELINES, UPDATED 05/30/2014; SHOULDER (ACUTE & CHRONIC) PROCEDURE SUMMARY - MANIPULATION, UPDATED 04/25/2014.

Decision rationale: The request for 8 sessions of chiropractic therapy for the neck and right shoulder is not supported to be medically necessary. The California MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of neck or shoulder conditions; therefore, the MTUS guidelines are not applicable in this case. Official Disability Guidelines is the reference source, and Official Disability Guidelines does not support the request for 8 sessions of chiropractic therapy for the neck and right shoulder. The patient has already treated with chiropractic care on numerous occasions without evidence of efficacy with care rendered. The request exceeds the Official Disability Treatment Guidelines recommendations and is not supported to be medically necessary. Official Disability Guidelines Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG chiropractic guidelines support a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has already treated with chiropractic care, and there is no evidence of efficacy with care rendered, no evidence of acute exacerbation, and no evidence of a new condition; therefore, the request for 8 chiropractic treatment sessions exceeds Official Disability Treatment Guidelines recommendations and is not supported to be medically necessary. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints Official Disability Guidelines reports 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 documented. This patient has already been treated with chiropractic care, and there is no evidence of efficacy with care rendered no evidence of acute exacerbation, and no evidence of a new condition; therefore, the request for 8 chiropractic treatment sessions exceeds Official Disability Treatment Guidelines recommendations and is not medically necessary.

