MAXIMUS Federal Services

Case Number:	CM14-0040542		
Date Assigned:	07/23/2014	Date of Injury:	04/17/2012
Decision Date:	08/27/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 New York. 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 claim involves a 57 year old female who sustained an industrial injury on 04/17/2012 while working as a cashier / stock clerk. The records indicate that the injured worker sustained a cumulative trauma injury from 04/17/2009 through 04/17/2012. In 2010, the injured worker noted triggering in the third finger of the right hand as well as the onset of right elbow and shoulder pain. It is noted that these symptoms were due to the regular performance of her usual and customary duties extending through 04/17/2012. On 04/18/2012, the injured workers underwent a left carpal tunnel release and third trigger finger release surgery. She was placed on temporarily totally disability. On October 2012, she underwent an ultrasound of the bilateral shoulders which revealed tears in both shoulders, worse in the left. On 09/18/2013, the injured worker underwent left shoulder surgery and status post left shoulder decompression. Following surgery the records indicated that she was self-treating using a topical cream, however; remains symptomatic. The applicant has completed 20 chiropractic therapy sessions to the left shoulder between 10/10/2013 and 12/13/13. Upon review of chiropractic SOAP notes, dated 1/7/14 and 1/17/14, the applicant presented with subjective complaints of intermittent left shoulder pain w/movement, bilateral wrist and elbow constant pain, stiffness, achiness and weakness that is worse with cold weather. Findings included trigger points to the left shoulder, upper trapezius, levator scapulae muscles, and AC was warm to touch. Treatment consisted of modalities including hot cold packs/EMS, ultrasound, paraffin bath and myofascial release, therapeutic exercise and home stretching/strengthening to the bilateral wrist. Upon review of therapy treatment note dated 3/12/14, the injured worker's was diagnosed with left shoulder status post arthroscopy. There were complaints of the left pectoral area pain with horizontal abduction. Her left shoulder ranges of motion were indicated as being decreased in all planes of motion, very tight and tender of the left major and minor pectoralis muscles. Treatment plan consisted of

chiropractic manipulation (CMT), therapeutic exercises and modalities. An ultrasound report dated 04/23/2014 of the bilateral shoulders status post left arthroscopy/rotator cuff repair/Mumford procedure 9/18/13. An MRI of the left shoulder was performed on 5/28/14 which revealed tendinosis and peritendinitis of the supraspinatus tendon with no rotator cuff tear identified; mild osteoarthritic changes of the glenohumeral joint and acromioclavicular joint; small joint effusion involving the glenohumeral joint; and no fracture or dislocation In a utilization review dated 2/28/14, the chiropractic medicine to the left shoulder two times per week for four weeks and the request for one time per week for four weeks was non-certified. The reviewer indicated there were multiple chiropractic progress notes that were handwritten and difficult to interpret. The reviewer indicated that there was no legible rationale why this injured worker needed excessive chiropractic therapy to the left shoulder. The Official Disability Guidelines-Shoulder Chapter was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MEDICINE TO THE LEFT SHOULDER 2X4, THEN 1X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER, MANIPULATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The injured worker has completed 20 chiropractic therapy sessions to the left shoulder between 10/10/13 and 12/13/13. Since 2012 the applicant has been on temporary total disability. The MTUS/ACOEM guidelines, 2nd edition, 2004 page 203 recommends chiropractic manipulation for the shoulder region for the indication of frozen shoulder. The injured worker is status post-surgical of the left shoulder however; the medical records do not support a diagnosis of frozen shoulder. She is pre and post-operative diagnosis was chronic subacromial impingement, left shoulder, degenerative joint disease, left acromioclavicular joint, partial thickness undersurface rotator cuff tear, and superior labrum degenerative type I SLAP tear. According to the Post-Surgical Treatment Guidelines for Rotator Cuff Syndrome/Impingement Syndrome is as follows: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. There was no indication from the records of any functional improvement and she is not working. In fact the records indicated that although she has completed 20 visits of chiropractic therapy, the applicant continues to have functional deficits. The proposed request for chiropractic medicine two times per week for four weeks and then one time per week for four weeks is not medically necessary and appropriate and not sanctioned in the guidelines.