

Case Number:	CM14-0045017		
Date Assigned:	07/02/2014	Date of Injury:	09/01/2012
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Acupuncturist 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 injured worker is a 33 year old female who reported an injury on 09/01/2012 due to continuous trauma. The injured worker complained of pain to the right shoulder, right elbow and right wrist. Pain was rate at a 3-4/10 on VAS. Physical examination revealed that there was tenderness to palpation along the right upper trapezius muscle. There was no tenderness to palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex or rotator cuff on the right or left. Impingement test was negative. Drop arm was also negative. Range of motion of the right shoulder revealed a flexion of 135 degrees, extension of 36 degrees, abduction of 101 degrees, adduction 45 degrees, internal rotation of 79 degrees and an external rotation of 52 degrees. There was diagnoses of right hand pain/numbness, right elbow pain, resolving and right shoulder myofascial pain syndrome. The injured worker has had physical therapy, chiropractic therapy and medication therapy. Medications include Norco, muscle relaxants and ibuprofen. Dosage and duration were not documented in submitted report. The treatment plan is for chiropractic treatment for the right shoulder 3 times a week for 2 weeks. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment for the Right Shoulder 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Chiropractic therapy is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is recommended for low back. Not recommended for ankle, foot, carpal tunnel syndrome, forearm, wrist hand and knee. Treatment parameters from state guidelines stipulate that it takes 4 to 6 treatments to produce effect, 1 to 2 times per week the first 2 weeks then treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration of 8 weeks. In this case, the report submitted had no evidence of chronic pain caused by musculoskeletal conditions. There was no evidence showing that the injured worker would not benefit from a home exercise program. Furthermore, the injured worker has already completed 3 sessions of chiropractic therapy with the request of 6 more sessions. Guidelines recommend 1 treatment session per week for 6 weeks. The request exceeds weekly recommended guidelines for Chiropractic therapy. As such, the request for chiropractic treatment for the right shoulder three times a week for two weeks is not medically necessary and appropriate.