

Case Number:	CM14-0050216		
Date Assigned:	07/07/2014	Date of Injury:	07/03/2013
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of July 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; shoulder MRI imaging of September 23, 2013, notable for tendonitis, capsulitis, and acromioclavicular arthritis; and work restrictions. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy, stating that the applicant had failed to improve with earlier manipulative treatment despite acknowledging that the MTUS Chronic Pain Medical Treatment Guidelines did not address the topic of manipulative therapy for shoulder, the claims administrator nevertheless cited said guidelines. The applicant's attorney subsequently appealed. The applicant did apparently undergo chiropractic manipulative therapy between the dates of March 11, 2013 through April 1, 2014. On March 24, 2014, the applicant followed up with a primary treating provider noting persistent complaints of shoulder pain. Flexion and abduction were limited to 160 and 165 degrees. Passive range of motion was greater than active range of motion, it was suggested. The applicant had no sensory or motor deficits. Additional chiropractic manipulative therapy, Norco, Naprosyn, and Protonix were endorsed. The applicant has returned to work with a rather proscriptive 10-pound lifting limitation. It is unclear whether the applicant was, in fact, working or not. On January 27, 2014, the applicant was asked to begin a 12-session course of chiropractic manipulative therapy. At that point, a 12-session course of chiropractic manipulative treatment was sought. This was approved by the claims administrator, it was suggested on an earlier Utilization Review Report of March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: The page 58 of the MTUS Chronic Pain Medical Treatment Guidelines nonspecifically discussed the topic of manipulative therapy treatment for the shoulder. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, the period of treatment for manipulative therapy for the shoulder is "limited to a few weeks" as results diminish over time. In this case, the applicant has had several (at least three) weeks of chiropractic manipulative therapy. It does not appear that ongoing manipulative treatment has generated any lasting benefit or functional improvement in terms of the parameters established in section 9792.20f. A rather proscriptive 10-pound lifting limitation remains in place, seemingly unchanged from a prior visit of January 27, 2014, in which manipulative therapy was first initiated. Therefore, the request for additional chiropractic manipulative therapy is not medically necessary.