

Case Number:	CM14-0058730		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2012
Decision Date:	10/03/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The injured worker is a 59-year-old male with a cumulative trauma injury to his lower back and shoulders with date of injury noted as 09/18/2012. On 02/07/2013, the patient underwent left shoulder arthroscopy with intra-articular debridement of inflamed synovitis, frayed labrum and biceps anchor, and subacromial decompression. The medical physician's PR-2 of 11/06/2013 reports patient complaints and bilateral shoulder pain associated with sudden movement. Left shoulder examination findings were noted as left shoulder flexion 175/180, extension 45/50, abduction 175/180, adduction 35/40, internal rotation 70/80 and external rotation 75/90, and Speed's caused pain. Right shoulder examination findings were noted as flexion 170/180, extension 45/50, abduction 170/180, adduction 35/40, internal rotation 70/80 and external rotation 70/90; tenderness to palpation anterior shoulder, lateral shoulder and acromioclavicular joint; Neer's, Speed's and impingement positive; sensory and motor intact, no atrophy; pain and weakness on resisted ER with arm at side. The patient was diagnosed with status post-surgery left shoulder SAD debridement (02/07/2013) and right shoulder rotator cuff tendinitis (injected 09/11/2013). On 12/26/2013, the patient underwent right shoulder arthroscopy with intra-articular debridement of partially torn rotator cuff and labrum, and subacromial decompression. In medical follow-up on 03/26/2014, the patient reported the left shoulder had improved approximately 80% and the right shoulder soreness with slow improvement. Left shoulder examination revealed flexion 175/180, extension 45/50, abduction 175/180, adduction 35/40, internal rotation 70/80 and external rotation 75/90, and Speed's caused pain. Right shoulder examination revealed flexion 170/180, extension 45/50; abduction 170/180, adduction 35/40, internal rotation 70/80 and external rotation 70/90; tenderness to palpation anterior shoulder, lateral shoulder and acromioclavicular joint; Neer's, Speed's and impingement positive; sensory and motor intact, and pain and weakness on resisted ER with arm at side. Diagnoses were noted

as status post-surgery, left shoulder SAD, debridement (02/07/2013), right shoulder rotator cuff tendinitis, injected (09/11/2013), and right shoulder arthroscopy 12/26/2013. The treatment plan included chiropractic therapy 2-3 times per week for 6 weeks for status post right shoulder arthroscopy 12/26/2013. There is a request for chiropractic care to the right shoulder at a frequency of 2-3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 2-3 times per week for 6 weeks, for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 2004; 203, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/27/2014.

Decision rationale: The recent request for chiropractic treatment for the right shoulder at a frequency of 2-3 times per week for 6 weeks is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, ODG and ACOEM will be referenced regarding the request for chiropractic treatments to the shoulder. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG 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. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. ACOEM reports shoulder manipulation by a manual therapist has been described as effective for patients with frozen shoulders, but this patient has not been diagnosed with frozen shoulder; therefore, ACOEM does not recommend shoulder manipulation. There is no record this patient has experienced objective progress towards functional restoration with a 2-3 visit trial of chiropractic care. Guidelines support only a total of 9 visits of chiropractic care, yet there is a request for 2-3 visits per week for 6 weeks (up to 18 visits requested). The request for chiropractic care to the right shoulder exceeds ODG and ACOEM recommendations and is not supported to be medically necessary.