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| Case Number: | CM14-0063086 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 08/16/2013 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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:

According to the available medical records, this is a 45 year old female patient with chronic neck pain and shoulders pain, date of injury is cumulative from 12/16/2012 to 08/16/2013. Previous treatments include medications and physical therapy. Progress report dated 04/16/2014 by the treating doctor revealed excruciating pain in the right shoulder, pain is aggravated when she lies on her right arm, as well as with use of the right arm, tingling in the right hand, 10/10 with strenuous activities. Exam of the cervical spine exhibits tenderness to palpation about the paracervical and trapezial musculature, positive cervical distraction test, muscle spasm, restricted ROM due to pain, decreased sensation of t C5, C7 and C8 distribution on the right upper extremity. Exam of the right shoulder reveals tenderness to palpation, positive Tinel's sign, weakness in grip strength, slightly restricted ROM due to discomfort. Diagnoses include cervical sp/st, right shoulder rotator cuff tendinitis/bursitis, right wrist tenosynovitis. The patient can continue to work with restriction of no lifting over 10 lbs and no work over the shoulder level on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional Session of Chiropractic Therapy for the Right Shoulder, Twice a week for Four weeks, as outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, MTUS Chronic Pain Medical Treatment Guidelines, page 58-59.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines: recommended manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: recommended as an option. Therapeutic care - trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 week. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist & Hand: Not recommended. Treatment Parameters from state guidelines. a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1-2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continue at 1 treatment every other week until the patient had reach plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and document at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. While CA MTUS guideline do not address chiropractic treatments for the shoulders, ACOEM guideline do recommend manipulation for frozen shoulders only. Therefore, the request for chiropractic treatments for this patient's right shoulder tendinitis, 2x4, is not medically necessary.