

Case Number:	CM14-0063984		
Date Assigned:	07/11/2014	Date of Injury:	12/27/2012
Decision Date:	09/03/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/06/2014

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 patient is a 53-year-old female. On 12/27/2012, while performing her regular work duties as a security guard, she slipped on the stairs and fell, landing on her right knee. She reported immediate pain to the left shoulder and right knee. No chiropractic documentation was submitted for this review. Although this patient reported numerous complaints, the question for review is limited to the cervical spine and left shoulder; therefore, the following summary is limited to the cervical spine and left shoulder. The earliest dated clinical document submitted for this review is the initial pain management evaluation of 09/16/2013. On 09/16/2013, complaints included cervical spine pain with radiation into bilateral shoulder girdles and left shoulder pain. By cervical examination, flexion was chin to chest, extension 30/30, right lateral flexion 30/45, left lateral flexion 30/45, and bilateral rotation 60/90 with spasm and pain noted in all planes; upper extremity DTRs reported 1 bilaterally, upper extremity motor strength noted left deltoid 4- with all other motor strength rated 5/5, and sensory examination of C5 and C6 decreased on the left with all other tested nerve roots intact bilaterally. Shoulder examination revealed right flexion 180/180, left flexion 160/180, right extension 50/50, left extension 45/50, right abduction 180/180, left abduction 160/180, right adduction 50/50, left adduction 45/50, right external rotation 90/90, left external rotation 80/90, right internal rotation 90/90 and left internal rotation 80/90. Diagnoses included multiple-level cervical disc protrusion/herniation and cervical radiculopathy. On 12/04/2013, 12/23/2013, 01/27/2014, 02/17/2014, and 03/10/2014 the orthopedist recommended the patient continue with chiropractic therapy. The most recent clinical documentation submitted for this review is the orthopedic progress report of 03/10/2014. The patient had some flare ups to her cervical spine pain with attempts to increase activity, with no other subjectives noted. Cervical spine examination revealed tenderness to palpation, flexion to 40, right lateral bending 40, left lateral bending 40, right rotation 50, left rotation 40, extension

30, and Spurling's, Adson's and Wright's maneuvers negative. Left shoulder examination revealed no soft tissue swelling, tenderness to palpation over anterior rotator cuff, mild AC joint and bicipital tenderness without irritability, positive impingement sign, negative grind sign, negative apprehension sign, negative relocation sign, no shoulder instability, no paresthesia with shoulder motion, grade 4/5 rotator cuff/deltoid/biceps strength, shoulder flexion 165, shoulder abduction 165, shoulder extension 40, shoulder external rotation 40, shoulder internal rotation 60, and shoulder adduction 40. Diagnoses included cervical spine strain, cervical radicular syndrome, left rotator cuff tendinitis with impingement syndrome, and cervical disc protrusion at C2-3 and C6-7 with herniation/extrusion at C4-5 and C5-6. The recommendation included continuation of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of chiropractic care for the left shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 08/14/2014; Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 07/29/2014.

Decision rationale: The request for 12 sessions of chiropractic care for the cervical spine and left shoulder 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. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical shoulder conditions; therefore, Official Disability Guidelines will be referenced regarding the request for chiropractic treatments to the cervical spine and left shoulder. Official Disability Guidelines Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, Official Disability Guidelines supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. Official Disability Guidelines Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, Official Disability Guidelines 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. Official Disability Guidelines 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. On 12/04/2013, 12/23/2013, 01/27/2014, and 02/17/2014, the orthopedist recommended the patient continue with chiropractic therapy. There were no chiropractic records provided for this review, and the total number of chiropractic treatment sessions, dates of services, treatments rendered and response to chiropractic care are not reported. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 sessions of chiropractic care for the cervical spine and left shoulder exceeds Official Disability Guidelines recommendations and is not supported to be medically necessary.