

Case Number:	CM14-0071341		
Date Assigned:	07/14/2014	Date of Injury:	03/10/2009
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/16/2014

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 Services 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 female with no date of birth reported for this review. On 03/10/2009, the patient was tightening a bolt with a T-wrench and felt pain in her right shoulder and later developed pain in the cervical and thoracic spinal areas. Approximately 2 weeks later she was referred to an industrial clinic where she underwent physical and x-ray examination. Treatments have included pain and anti-inflammatory medications, and right shoulder surgery on 01/19/2011 and physical therapy postoperatively. She was seen for a Qualified Medical Evaluation on 03/12/2013. On 03/12/2013 she reported intermittent moderate pain in the cervical and thoracic spinal areas, pain in both shoulders, and pain radiating from her elbows to her hands. On cervical examination there was palpable tenderness over the paravertebral and trapezius musculature with spasm present, flexion 40, extension 20, rotation bilaterally 65, and lateral bending bilaterally 20. Thoracic examination revealed palpable tenderness over the paravertebral musculature, spasm present and rotation 20 bilaterally. Right shoulder examination revealed healed arthroscopic scars, palpable tenderness over the biceps tendon and the acromioclavicular joint, flexion 145, abduction 160, internal rotation 90, external rotation 80, adduction and extension 50, and subacromial impingement sign positive. Left shoulder examination revealed palpable tenderness over the proximal clavicle and over the biceps tendon, flexion 170, abduction 180, internal and external rotation 90, adduction and extension 50, and subacromial impingement sign negative. Bilateral elbow range of motion 0-145, supination and pronation 90, no effusion present, and no palpable tenderness. Bilateral wrist flexion and extension 65, radial deviation 20, ulnar deviation 30, no effusion present, no tenderness palpable, and Tinel, Phalen and Finkelstein negative. Upper extremity motor strength 5+/5, upper extremity DTRs 2+, and sensory exam intact to light touch. She was diagnosed with: 1. Right shoulder impingement syndrome with acromioclavicular joint arthrosis, bursitis, and synovitis with partial rotator cuff tear, 2. Status

post right shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle excision, and extensive debridement (01/19/2011). 3. Biceps tendinitis, left shoulder. 4. Cervical spine spinal stenosis at C6-C7 and neural foraminal narrowing at C3-C4 and C4-C5. There is a request for 12 chiropractic treatment sessions at a frequency of 2 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:

12 Chiropractic visits, 2 x 6, to the left shoulder, as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <http://www.acoempraguides.org/Shoulder>.

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), Shoulder (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 07/29/2014.

Decision rationale: The request for 12 sessions of chiropractic therapy for the shoulder is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, MTUS guidelines are not applicable in this case. ODG is the reference source, and ODG does not support the request for 12 sessions of chiropractic therapy for 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. The request for 12 chiropractic visits for the shoulder exceeds ODG recommendations and is not medically necessary and appropriate.