

Case Number:	CM14-0071376		
Date Assigned:	07/14/2014	Date of Injury:	08/06/2012
Decision Date:	08/14/2014	UR Denial Date:	05/05/2014
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 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 48-year-old female born on [REDACTED]. She has a reported date of injury on 08/06/2012, but no historical information relative to the biomechanics of an injury was provided for review. An undated examination record without provider identification reports cervical and dorso-lumbar ranges of motion were decreased and painful. The patient is status post right shoulder rotator cuff repair and labral debridement on 09/23/2013. The medical provider's 02/19/2014 PR-2 reports patient complaints of pain at the back of the shoulder and neck area with diagnoses of rotator cuff sprain/strain, sprain/strain of other specified sites of shoulder and upper arm, and other affections of shoulder region not elsewhere classified. There was a recommendation for physical therapy at a frequency of 2 times per week for 6 weeks. The medical provider's PR-2 of 03/19/2014 reports pain had been getting worse and diagnoses of rotator cuff sprain/strain, sprain/strain of other specified sites of shoulder and upper arm, and other affections of shoulder region not elsewhere classified. The patient completed her 36th physical therapy treatment session on 04/21/2014. The medical providers PR-2 of 04/29/2014 reports complaints of right shoulder pain, pain at the back of right shoulder radiating to neck, and right upper extremity weakness and pain since returning to work. There is a request for authorization of chiropractic care to the cervical spine (cervical sprain/strain) and right shoulder (sprain/strain of unspecified size of shoulder and upper arm) at a frequency of 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy three times a week times four weeks cervical and right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 173,181,203. Decision based on Non-MTUS Citation ODG shoulder,neck and upper back chapter ,chiropractic guidelines,and manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, and Shoulder (Acute & Chronic), Procedure Summary - Manipulation.

Decision rationale: The request for 12 sessions of chiropractic therapy for the neck (cervical sprain/strain) and right shoulder (sprain/strain of unspecified size of shoulder and upper arm) is not supported to be medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines reports no recommendations for or against manual therapy and manipulation in the treatment of neck or shoulder conditions; therefore, MTUS guidelines are not applicable in this case. The ODG and ACOEM are the reference sources, and ODG and ACOEM do not support the request for 12 sessions of chiropractic therapy for the neck and right shoulder. The request exceeds ODG and ACOEM treatment guidelines recommendations and is not supported to be medically necessary.