

Case Number:	CM14-0074031		
Date Assigned:	07/16/2014	Date of Injury:	08/16/2010
Decision Date:	08/22/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	05/21/2014

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 Chiropractics 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 33-year-old male born on 08/02/1980. The patient experienced shoulder pain after he was at work on 08/10/2010 and was crushed between a wall and a tractor. The patient was seen in orthopedic follow-up on 04/02/2014. The patient was status post right shoulder arthroscopic subacromial decompression and debridement of superior labrum and posterior lesion cyst and partial rotator cuff tear on 09/16/2013. He reported continued right shoulder pain, rated 4/10. Treatment after the accident included shoulder injection on 02/14/2012, medications, surgery, and 16 visits of chiropractic therapy postoperative. Per shoulder examination, there was no swelling, deformity, effusion, or bone or joint malalignment. Active and passive shoulder range of motion was reported as: flexion 110, extension 60, abduction 100, ER (side) 45, ER 90 (90), and IR 70 (90). There was tenderness to palpation over the acromioclavicular (AC) joint and biceps tendon, as well as over the healed incision, hypersensitive skin, pain with range of motion (ROM) and patient guarded throughout exam. The joint was reported stable and tracked well with ROM. There was no instability with manipulation or weight bearing. The following testing maneuvers were reported negative: Neer's, Hawkin's, Yeargusin's, Speed's, O'Brien's, Apprehension, Relocation, Sulcus, and Drop Arm. Upper extremity strength 5/5, sensation normal, and deep tendon reflexes (DTRs) 2+. Upper extremity vascular 2+ pulses to radial and ulnar arteries. Diagnoses were noted as status post right shoulder arthroscopic subacromial decompression (ASAD) and debridement on 09/16/2013; right brachial mass; right chest contusion resolved; and right elbow contusion resolved. There was a recommendation for additional chiropractic physiotherapy as the patient desired to do more.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic manipulation sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Procedure Summary, Manipulation (Chiropractic Guidelines), Updated 07/29/2014.

Decision rationale: The request for 8 sessions of chiropractic manipulation for the right 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. Both Official Disability Guidelines (ODG) and ACOEM are the reference sources, and ODG and ACOEM do not support the request for 8 sessions of chiropractic manipulation for the right shoulder. The request exceeds ODG and ACOEM treatment guidelines recommendations and is not supported to be medically necessary. 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. In the treatment of shoulder sprains and strains, ODG Chiropractic Guidelines allow manipulation with fading treatment frequency from up to three visits per week to one or less, a total of up to 9 visits over 8 weeks, plus an active self-directed home therapy. This patient has already treated with 16 visits of chiropractic therapy postoperative, without documentation of objective progress towards functional restoration provided for this review. The request for eight chiropractic treatment sessions for the shoulder exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. ACOEM reports manipulation by a manual therapist has been described as effective for patients with frozen shoulders. This patient has not been diagnosed with frozen shoulder; therefore, manipulation of the shoulder is not supported to be medically necessary.