

Case Number:	CM14-0082796		
Date Assigned:	07/21/2014	Date of Injury:	12/21/1987
Decision Date:	08/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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 a licensed in Chiropractor 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 55 year old female patient with chronic left shoulder pain, date of injury 12/21/1987. Previous treatments include medications, morphine pump, chiropractic, surgery; there is no other medical treatment report available for review. Secondary treating doctor report dated -5/12/2014 by the requesting doctor revealed the patient returned with moderate to severe exacerbated status. Her current complaints is left shoulder pain, 7-8/10 and occurring 75% to 100% of the day, radiating pain from the left shoulder that emanates into the left arm, elbow and forearm. Exam noted normal right shoulder ROM and orthopedic assessment. Left shoulder ROM abduction 155, adduction 15, flexion 150, extension 15, internal rotation 50 and external rotation 70. Orthopedic assessment noted positive abduction sign at 90 degrees, positive Apprehension sign and mild positive Dawbarnes. DTR revealed diminished left biceps +1/2 and a weaken Jamar grip test on the left. Hypersensitivity grade III was expressed by the patient when palpating the coracoid process, the acromion process and the anterior glenoid humeral joint. Hypersensitivity and hypomobility is noted at the cervical segmental levels tended of the bicipital and muscle belly of the supraspinatus. The left supraspinatus muscle measured as a weakness of +4/5. Diagnoses include exacerbated status chronic left shoulder sprain complicated by impingement and/or entrapment of the supraspinatus tendon as well as a suspected tear of the labrum.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel Therapy & Manipulation Cervical/Thoracic Spine.

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

Decision rationale: While CA MTUS guidelines do not address chiropractic treatments for the shoulder, ACOEM guidelines suggested manipulation as effective for frozen shoulder, and the period of treatment is limited to a few weeks because results decreased with time. This patient injury date is from 1987 and she also reported having chiropractic treatments in 2013. However, there are no treatment records available for review and no evidence of objective functional improvement documented. Based on the guidelines cited, the request for 12 chiropractic treatments, with manipulation, for the left shoulder is not medically necessary.