

Case Number:	CM14-0134575		
Date Assigned:	08/29/2014	Date of Injury:	04/22/2013
Decision Date:	02/04/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 Board Certified in Emergency Medicine and is licensed to practice in New York. 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:

This is a female who suffered an industrial related injury on 4/22/13. The treating physician's report dated 5/14/14 noted the injured worker had complaints of right shoulder and right sided neck pain. A MRI dated 1/17/14 revealed moderate degenerative changes at the acromioclavicular joint with hypertrophy and impingement on the supraspinatus tendon and some superior labra tearing. There are some mild glenohumeral joint degenerative changes. Tendinitis of the supraspinatus and infraspinatus was also noted. Diagnoses included right shoulder impingement and right shoulder tendinitis. The work status was noted to be unrestricted. The treating physician's report dated 7/23/14 noted the injured worker had chiropractic treatments however it was not giving her any lasting benefit. The physical examination revealed tenderness anteriorly and superiorly with palpation. Right shoulder abduction was noted to be slightly reduced. Hawkins and impingement signs were positive. Tenderness over the right side of the neck and trapezius was noted with palpation. Lateral bending and lateral flexion was reduced in the cervical spine. Tenderness across the iliolumbar ligaments and lumbosacral junction was noted with palpation. Forward flexion and extension was noted to be decreased. The straight leg raise was negative bilaterally. Sensation was intact to bilateral lower extremities. Diagnoses were noted to be cervical degenerative disc disease with flare up, improved lumbar sprain/strain, and stable right shoulder impingement. On 8/5/14 the utilization review (UR) physician denied the request for chiropractic treatment 2xwk x 2wks for the right shoulder. The UR physician's rationale was not included in the provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk X 2wks Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

Decision rationale: Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect - 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has not received long-lasting benefit from prior chiropractic treatment. Lack of past success is an indicator that future success is unlikely. The request should not be authorized.