

Case Number:	CM15-0007508		
Date Assigned:	01/26/2015	Date of Injury:	12/02/2014
Decision Date:	03/18/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 injured worker was a female who sustained an industrial injury, on December 2, 2014. The injured worker was instructed to wipe up a wet floor by the door. The injured worker slipped on the floor landing on the right side of the body. The injured worker complained of dizziness and some temporary blurred vision with pain in the right ribs secondary to fractures, mid back, shoulder and arm after the fall. On December 23, 2014 the injured worker's chief complaint was achy to sharp pain over the right shoulder and down the arm to the wrist with a pins and needles sensation. The injured workers rates the pain 8/10; 0 being no pain 10 being the worse pain. The injured worker was diagnosed with strain/sprain of the right shoulder, right rotator cuff sprain, bicipital tenosynovitis, upper extremity segmental dysfunction, myospasms, and probable impingement syndrome of the right shoulder. The injured worker had supportive treatment of pain medication, rib belt, incentive spirometry to prevent atelectasis and rest. On December 23, 2014, the treating physician an initial request for chiropractic non-force manipulation/mobilization to right shoulder 1-2 times a week for 8 sessions. The goal to reduce and alleviate current problem set with restoration of flexibility and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, non-force manipulation/mobilization to the right shoulder/elbow/wrist qty: 8: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended as indicated below. 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 demonstrated. A recent clinical trial concluded that manipulative therapy for the shoulder girdle in addition to usual medical care accelerates recovery of shoulder symptoms. (Bergman, 2004) (Michener, 2004) A recent meta-analysis concluded that there is limited evidence which supports the efficacy of manual therapy in patients with a shoulder impingement syndrome. (Verhagen-Cochrane, 2004) There is fair evidence for the treatment of a variety of common rotator cuff disorders, shoulder disorders, adhesive capsulitis, and soft tissue disorders using manual and manipulative therapy (MMT) to the shoulder, shoulder girdle, and/or the full kinetic chain combined with or without exercise and/or multimodal therapy. ODG Chiropractic Guidelines- Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented with injury to the right shoulder, probable diagnose include impingement syndrome of the right shoulder. Previous treatment include pain medications, bracing and rest. MTUS guidelines do not address chiropractic manipulation for the shoulder. Official Disability Guidelines might recommend up to 9 visits over 8 weeks if signs of objective progress towards functional restoration are demonstrated with 2-3 visits. Therefore, without first demonstrating objective functional improvement, the request for 8 visits exceeded the guidelines recommendation and not medically necessary.