

Case Number:	CM15-0148673		
Date Assigned:	08/11/2015	Date of Injury:	05/29/2012
Decision Date:	09/14/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: Chiropractic

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 is a 42 year old female who sustained an industrial/work injury on 5-29-12. She reported an initial complaint of chest, low back, left elbow, and neck pain. The injured worker was diagnosed as having cervical spine strain-sprain with radicular complaints and lumbar spine strain-sprain. Treatment to date includes medication, chiropractic care, acupuncture, epidural steroid injection, surgery (right shoulder arthroscopic subacromial decompression with bursectomy, acromioplasty, distal clavicle undersurface spur resection, and articular side rotator cuff debridement of partial thickness rotator cuff surgery on 8-20-13), physical therapy, and home exercises. Currently, the injured worker complained of moderate neck pain with radiation to the shoulders rated 5 out of 10, moderate low back pain radiation to the hips and buttocks. Per the physician's orthopedic reevaluation on 6-30-15, the cervical spine had tenderness to palpation about the paracervical and trapezial musculature, restricted range of motion in all directions due to pain. The right shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus, mild tenderness extending to the pectoralis, restricted range of motion and rotator cuff weakness. The lumbar spine noted tenderness at the paralumbar musculature, tenderness at midline thoracolumbar junction and the level of L5-S1 facets and right greater sciatic notch and muscle spasms were present. The requested treatments include chiropractic treatment to the right shoulder 8 sessions additional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 4 weeks to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1, Postsurgical Treatment Guidelines Page(s): Shoulder Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation.

Decision rationale: The patient has received chiropractic care for his right shoulder injury in the past. The patient is status post-surgery (2013) for the right shoulder. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are 16 per the UR review notes. The MTUS Post-Surgical Treatment Guidelines' post-surgical treatment period for shoulder arthroscopy is 6 months. Based on this rule the post-surgical treatment period has passed and we must take into consideration objective functional improvement with past chiropractic care prior to surgery. The MTUS does is silent on manipulation for the shoulder. The ODG Shoulder chapter recommends a limited number of sessions, 9 over 8 weeks. The treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The patient has exceeded the ODG recommended number of sessions. I find that the 8 additional chiropractic sessions requested to the right shoulder to not be medically necessary and appropriate.