

Case Number:	CM15-0149357		
Date Assigned:	08/12/2015	Date of Injury:	02/03/2015
Decision Date:	09/15/2015	UR Denial Date:	07/30/2015
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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male who sustained an industrial injury on 2-3-15 when a tree branch he was cutting came down and flung the power saw he was using causing injury to his back, arm and left shoulder. He currently complains of left shoulder pain with weakness. On physical exam there was decreased range of motion, positive orthopedic tests per 4-17-15 note. Medications were cyclobenzaprine, ibuprofen. Diagnoses include left shoulder pain; left shoulder sprain, strain; left shoulder rotator cuff. Diagnostics include MRI of the left shoulder (3-26-15) showing mild supraspinatus tendinosis, mild subacromial, subdeltoid bursitis; MR left shoulder (4-7-15) showing mild supraspinatus tendinosis, mild acromioclavicular joint arthrosis, small bursal effusion, humeral cartilage thinning. In the progress note dated 4-17-15 the treating provider's plan of care includes requests for chiropractic treatments 2 times per week for 6 weeks to the left shoulder; therapeutic exercises, physiotherapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Left Shoulder, 2 times wkly for 6 wks, 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic.

Decision rationale: The records indicate the patient has ongoing left shoulder pain, stiffness and weakness. The current request is for chiropractic treatment, left shoulder 2 times weekly for 6 weeks, 12 sessions. According to the ODG guidelines, Manipulation is 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. A recent meta-analysis concluded that there is limited evidence which supports the efficacy of manual therapy in patients with a shoulder impingement syndrome. 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. There is limited and insufficient evidence for MMT treatment of minor neurogenic shoulder pain and shoulder osteoarthritis, respectively. According to this systematic review, manipulation performed about the same as steroid injections for frozen shoulder. The latest UK Health Technology Assessment on management of frozen shoulder concludes that based on the best available evidence there may be benefit from stretching and from high-grade mobilization technique. ODG Chiropractic Guidelines for sprains and strains of the 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. In this case, the current request exceeds the ODG treatment guidelines and is not medically necessary.

Therapeutic exercises, Left Shoulder, 2 times wkly for 6 wks, 12 sessions: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The records indicate the patient has ongoing left shoulder pain, stiffness and weakness. The current request is for Therapeutic exercises, left shoulder, 2 times weekly for 6 weeks, 12 sessions. The CA MTUS does recommend physical therapy, but allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the current request of 12 sessions exceeds the MTUS guidelines which allows for 9-10 visits over 8 weeks. The current documentation does not discuss the rationale for exceeding the MTUS guidelines and therefore the request is not medically necessary.