

Case Number:	CM14-0138697		
Date Assigned:	09/05/2014	Date of Injury:	03/10/2009
Decision Date:	09/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 licensed in Chiropractic 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:

The patient is a 50-year-old female born on [REDACTED]. She has a reported date of injury on 03/10/2009, but no history information was provided for this review. The physician's PR-2 of 03/03/2014 reports the patient had been treating with chiropractic care with some improvement, and the physician recommended continuing chiropractic care. Progress notes from Wellness Center indicate the patient completed 12/12 visits on 03/17/2014. The patient reported shoulder pain, improved since last visit. Treatment procedures had included mobilization, manual therapy, laser, myofascial release and manipulation of the shoulder. The physician's PR-2 of 04/11/2014 is completed in difficult to decipher handwritten script. The record reports the patient had been treating with chiropractic care with improvement. The patient was diagnosed with left shoulder impingement, and the provider recommended 12 visits of chiropractic care. The physician's PR-2 of 05/16/2014 reports the patient continued with left shoulder pain. No measured objective factors are reported. The patient was diagnosed with left shoulder impingement and 12 visits of chiropractic care were recommended. The physician's PR-2 of 06/13/2014 reports complaints of pain in the shoulders. No measured objective factors are reported, and the provider recommended 12 visits of chiropractic care for the left shoulder at a frequency of 2 times per week for 6 weeks. The patient underwent left shoulder MRI study on 07/31/2014 with the impression noted as partial tear of the supraspinatus tendon, moderate degenerative changes of the acromioclavicular joint, correlate for impingement syndrome, minimal subacromial bursitis, and subtle increased signal in the inferior labrum, indeterminate in etiology, most likely within normal limits. No obvious displaced labral tear is seen. There is concern for labral pathology, follow-up MRI left shoulder with intra-articular contrast injection recommended. The medical provider's PR-2 of 08/04/2014 reports subjective complaints as "+ radicular symptoms bilateral upper extremity cervical spasms." The objectives are noted as: "ROM 160/160 L /rhomboid

spasms/decreased ROM with cervical." Diagnoses are reported as bilateral shoulder impingement and cervical strain. The provider recommended chiropractic care at a frequency of 2 times per week for 4 weeks and physical therapy at a frequency of 2 times per week for 6 weeks. The 08/18/2014 PR-2 recommends chiropractic care at a frequency of 2 times per week for 4 weeks and physical therapy at a frequency of 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:

8 additional chiropractic therapy to the left shoulder with modalities (unspecified) and exercises, two times a week for four weeks, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines Updated 07/29/2014.

Decision rationale: The request for 8 sessions of chiropractic therapy for the left shoulder at a frequency of 2 times per week for 4 weeks is not supported to be medically necessary. MTUS Chronic Pain Medical Treatment Guidelines reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, MTUS guidelines are not applicable in this case. The Official Disability Guidelines is the reference source, and Official Disability Guidelines does not support the request for 8 sessions of chiropractic therapy for the shoulder. Official Disability Guidelines Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, Official Disability Guidelines reports 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 documented. A total of 9 visits over 8 weeks may be supported. Official Disability Guidelines reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. The patient has already treated with numerous chiropractic and physical therapy sessions, per submitted documentation the patient completed 12/12 visits at Wellness Center on 03/17/2014, without evidence of objective functional improvement. The request for 8 chiropractic visits for the shoulder exceeds Official Disability Guidelines recommendations and is not supported to be medically necessary.