

Case Number:	CM15-0077188		
Date Assigned:	04/28/2015	Date of Injury:	04/09/2014
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 58-year-old male sustained an industrial injury on 4/9/14. He subsequently reported back and shoulder pain. Diagnoses include left shoulder, cervical and thoracic myofascitis, left trapezius muscle spasms and headaches. Treatments to date have included x-ray and MRI studies, therapy, injections, and modified work duty and prescription pain medications. The injured worker continues to experience left shoulder, thoracic and cervical spine pain as well as headaches and gastric irritation. Upon examination, spasms and tenderness with palpation was noted along with decreased range of motion. A request for Unknown sessions of Consultation and Chiropractic Manipulation for both Shoulders was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of Consultation and Chiropractic Manipulation for both Shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and Strains of Shoulder and Upper Arm, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: MTUS guidelines do not specifically address shoulder chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. The patient has continued to have the same level of pain and functionality since 2014. The treating physician did not outline treatment goals for chiropractic manipulation for the bilateral shoulders and did not detail physical therapy or a home exercise program. A passive therapy like chiropractic treatment must be accompanied with an active therapy such as a home exercise program or physical therapy, per guidelines. The medical records do not indicate any extenuating circumstances that would warrant exception to the MTUS guidelines. As such, the request for Unknown sessions of Consultation and Chiropractic Manipulation for both Shoulders is not medically necessary.