

Case Number:	CM13-0039316		
Date Assigned:	12/18/2013	Date of Injury:	10/25/2011
Decision Date:	04/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

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 Board Certified in Emergency Medicine and is licensed to practice in New York. 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 was injured on October 25, 2011. The patient continued to experience pain in her neck and left shoulder. Physical examination was notable for left frozen shoulder and trapezial spasm and tenderness. Diagnoses included left frozen shoulder and cervical heriniated nucleus pulposus. Treatment included chiropractic therapy, acupuncture and medication. Request for authorization for chiropractic therapy to the left shoulder twice weekly for 6 weeks was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES A WEEK FOR 6 WEEKS FOR THE LEFT SHOULDER:

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 Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation

Decision rationale: Chiropractic therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal

pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The time to produce effect should be 4-6 treatments. Maximum duration should be 8 weeks. ODG guidelines recommend 9 visits over 8 weeks for shoulder sprain/strain. In this case the patient had already received at least 11 chiropractic treatments, which surpasses the number of treatments needed to produce positive effect. There is no objective evidence of functional improvement. Further treatments should not be authorized.