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| Case Number: | CM13-0040713 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 09/18/2012 |
| Decision Date: | 02/07/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 10/29/2013 |

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 licensed in Accupuncture and 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:

Claimant is a 45 year old male who was involved in a work related injury on 9/18/2012. The patient has intermittent moderate right shoulder pain. There is tenderness to palpation to the right shoulder. His primary diagnoses are right shoulder internal derangement and right shoulder strain. He has had physical therapy, oral medications, extracorporeal shock therapy. An MRI shows a tear in the anterior labrum and a tear in the supraspinatus and subscapularis. There is decreased range of motion for the right shoulder. PTP notes that chiropractic/physical therapy helps with the pain but there are no other functional improvements noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Services two-three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to evidenced based guidelines, further chiropractic treatment after an initial trial is medically necessary based on documented functional improvement from the trial. Functional improvement means either a clinically significant improvement in activities

of daily living or reduction in work restrictions. The chiropractor has stated that chiropractic helps with pain. However the claimant remains on TTD and there is no documented improvement in activities of daily living. Therefore further chiropractic care is not medically necessary.