

Case Number:	CM13-0042133		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2013
Decision Date:	02/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/16/2013

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 Chiropractic Care, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 35-year-old male who reported a work related injury on 03/04/2013, as a result of strain to the right shoulder. The patient is subsequently status post right shoulder surgical interventions as of 09/19/2013. The most recent clinical documentation submitted for review dated 10/22/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents tenderness upon palpation of the right upper extremity at a +3. The provider documented the patient's sensation was intact to the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic treatment to right shoulder 3 times a week for 1-3 months (12-36 visits):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The clinical documentation submitted for review fails to evidence support to the patient's continued utilization of chiropractic treatment. The clinical notes document the patient has utilized chiropractic treatment for the right shoulder, without documentation of

significant objective functional improvement with previous chiropractic interventions. California MTUS indicates the intended goal of effective 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. Given the lack of a thorough physical exam of the patient evidencing the patient's current clinical picture, as well as lack of documentation evidencing significant objective functional improvements with 12 sessions of previous chiropractic care, the request for chiropractic treatment to right shoulder 3 times a week for 1-3 months (12-36 visits) is not medically necessary or appropriate.