

Case Number:	CM13-0043223		
Date Assigned:	07/02/2014	Date of Injury:	03/23/2012
Decision Date:	08/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 33-year-old female with a reported date of injury on 03/23/2012. Diagnoses were noted to include a shoulder sprain/strain, thoracic sprain/strain and cervical sprain/strain. Previous treatments are noted to include exercise and chiropractic care as well as physical therapy and TENS. The progress note dated 08/30/2013 reported complaints of pain at a 4/10 to 5/10. The physical examination revealed positive Hawkins and positive Speed's. The progress report dated 08/16/2013 reported that the injured worker rated her pain at a 6/10 to the left shoulder and was 10 weeks pregnant. The physical examination performed revealed decreased range of motion to the left shoulder, and the injured worker was considering a steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits twice a week for four weeks with [REDACTED] RFA 9/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy 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 and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and a return to productive activities. The MTUS guidelines state that the recommended number of visits is 9 over 8 weeks. In this case, there is a lack of current measurable objective functional deficits in regards to range of motion and motor strength as well as quantifiable objective functional improvement, the number of previous chiropractic care sessions and if the injured worker will be using chiropractic care in adjunct to physical therapy or home exercises. The documentation provided that the injured worker had completed physical therapy; however, due to the lack of documentation regarding current measurable objective functional deficits, quantifiable objective functional improvements, the number of previous sessions and if chiropractic care will be used in adjunct with home exercises or physical therapy sessions; additional chiropractic care is not warranted at this time. Therefore, the request for chiropractic visits twice a week for four weeks with [REDACTED] RFA 9/30/13 is not medically necessary and appropriate.