

Case Number:	CM13-0050625		
Date Assigned:	12/27/2013	Date of Injury:	08/05/2010
Decision Date:	03/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 56-year-old who reported a work-related injury on 08/05/2010, as a result of strain to the right upper extremity. Subsequently, the patient was status post SLAP tear repair as of 12/2011, and right carpal tunnel release as of 11/2012. The clinical note dated 12/20/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents upon physical exam of the patient, the patient reports continued pain about the cervical spine and bilateral shoulders. The provider documented the patient is a surgical candidate for right shoulder surgical interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic sessions for the upper right extremity: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines indicates, 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. Given that the most recent clinical documentation submitted evidences the patient is a surgical candidate for his right shoulder symptomatology, the current request is not supported. Furthermore, the clinical notes document the patient has previously utilized chiropractic treatment, given the lack of documentation of the patient's reports of efficacy with this intervention for his chronic pain complaints about the right upper extremity, the current request is not supported. As the Chronic Pain Medical Treatment Guidelines indicates a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is supported. The request for 12 chiropractic sessions for the upper right extremity is not medically necessary or appropriate.