

Case Number:	CM13-0052901		
Date Assigned:	12/30/2013	Date of Injury:	08/27/1998
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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 Chiropractor, 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 injured worker is a 56 year old female with a reported date of injury on 08/27/1998; the mechanism of injury was not provided within the medical records. The injured worker reported chronic shoulder pain. The injured worker had a diagnosis of arthropathy, unspecified, shoulder region. The documentation indicated the injured worker received prior chiropractic sessions in the past along with message therapy; the injured worker indicated she did not do well with the treatment. The clinical note dated 10/03/13 indicated the injured worker returned for left shoulder pain. Upon examination it was noted that she has full range of motion and parascapular and paraspinal tenderness. The injured worker had some mild discomfort, but no weakness with provocative maneuvers and sensation was intact to light touch. The recommendation and discussion indicated that the injured worker was not doing nearly as well with her limited massage schedule and has had to increase her pain medication. The physician's treatment plan included a request for two chiropractic sessions for the left shoulder for flare.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO CHIROPRACTIC SESSIONS FOR THE LEFT SHOULDER FOR FLARE: Upheld

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

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

Decision rationale: The California MTUS guidelines note manual therapy & manipulation is recommended for chronic pain if caused by the musculoskeletal pain. The intended goal is to achieve positive symptomatic of objective measurable gains in functional improvement. The guidelines recommended a total of up to 18 visits over 6-8 weeks with evidence of objective functional improvement. The guidelines note when recurrences/flare-ups occur providers should reevaluate treatment success, and if return to work has been achieved, then 1-2 visits every 4-6 months would be recommended. The documentation reviewed indicated the patient had full range of motion parascapular and paraspinal tenderness. She has some mild discomfort, but no weakness with provocative maneuvers and sensation intact to light touch. There is no evidence in the documentation that the injured worker had deficits that would require chiropractic care. There was a lack of documentation indicating the injured worker had significant measurable objective functional gains with the prior treatment. The injured worker indicated that her prior chiropractic sessions had helped, but the documentation failed to indicate her functional gains with the therapy. Therefore, the request for two chiropractic sessions for the left shoulder for flare is not medically necessary.