

Case Number:	CM13-0060594		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2012
Decision Date:	05/23/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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, 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 40 year-old male who reported an injury on 12/17/2012 and the mechanism of injury occurred when he slipped in a walk-in cooler. The diagnosis was right shoulder rotator cuff tear. The clinical note on 06/13/2014 indicated the injured worker's right shoulder pain was 5/10 and it worsened with activity. The right shoulder showed tenderness to palpation, flexion 120/180 degrees, and extension of 50/50 degrees. The Neer's and Kennedy test were positive. The clinical note from 12/06/2013 indicated the patient noted the pain was at a 7/10 in the right shoulder. The physical examination of the right shoulder noted there was full range of motion with positive pain with motion and difficulty with movements. The diagnosis was right shoulder tendinitis. The treatment plan included acupuncture 1 time a week for 4 weeks and chiropractic therapy 2 times a week for 4 weeks. The physician failed to provide a rationale for the requested chiropractic therapy 2 times a week for 4 weeks. The current request is for 8 chiropractic visits 2x 4 weeks right shoulder dated 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC VISITS 2X 4 WEEKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The California MTUS guidelines for chronic pain for manipulation have looked at duration of treatment that patients generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The documentation failed to indicate if the injured worker had received prior sessions of chiropractic treatment and if there were outward signs of subjective or objective improvement. The current request for 8 chiropractic visits 2x 4 weeks for the right shoulder exceeds the recommended sessions according to the guidelines. Therefore, the current request for 8 chiropractic visits 2x 4 week's right shoulder is not medically necessary.