

Case Number:	CM14-0005226		
Date Assigned:	06/11/2014	Date of Injury:	11/18/2011
Decision Date:	07/14/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in. 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 37 year old male who reported an injury on 11/18/2011 due to cumulative trauma. On 11/06/2013 he reported bilateral shoulder pain rated at an 8/10 and neck pain rated at a 4/10. A physical examination revealed full range of motion to the cervical spine with tenderness over the trapezius muscle and full range of motion to bilateral shoulders with tenderness over the trapezius muscles of the left shoulder. His diagnoses included cervical spine sprain/strain and bilateral shoulder sprain/strain. Medications included anaprox, fioricet, Motrin, Prilosec, soma, Ultram, zanaflex, Medrol, banalg, depakene, and trilafon. The treatment plan was for chiropractic therapy to the right shoulder 2 times a week for 4 weeks. The request for authorization form was signed on 11/07/2013. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TO THE RIGHT SHOULDER, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and therapy Page(s): 58-59.

Decision rationale: The request for chiropractic therapy to the right shoulder 2 times a week for 4 weeks is non-certified. The injured worker was noted to have attended 4 chiropractic therapy sessions from 10/25/2013 to 11/06/2013. Per California Medical treatment Utilization Schedule (MTUS) guidelines, chiropractic therapy is recommended for chronic pain if caused by a musculoskeletal condition. Frequency is 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Maximum duration is 8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. The injured worker noted his pain to be an 8/10 to both shoulders. There was no documentation of pain relief or improvement in quality of life or function achieved during his previous chiropractic sessions. The documentation provided lacks the necessary information to warrant the request.