

Case Number:	CM14-0007658		
Date Assigned:	02/07/2014	Date of Injury:	11/09/2012
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Chiropractic Care, and is licensed to practice in California. 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 52 year old female who sustained an alleged work-related injury to her low back and right shoulder on November 9, 2012. The alleged mechanism of injury was due to a slip and fall, injuring the patient's low back, wrist and shoulder. An MRI was performed January 10, 2013 of the right shoulder with an impression of: tear in the right supraspinatus tendon with fluid in the subacromial and subdeltoid spaces, posterolateral deformity in the humeral head, possibly due to a previous trauma, superior glenoid labrum tear, degeneration of the acromioclavicular and glenohumeral joint and otherwise normal MRI of the right shoulder. A hand-written, partly illegible PR-2 dated December 10, 2013 notes: subjective complaints as right shoulder and neck pain. Objective findings were a positive Jobe's test and decreased range of motion (of unknown anatomical site). Diagnoses were: lumbar spine stenosis and bilateral shoulder rotator tear (illegible). The provider has requested 2x6 visits of chiropractic therapy without manipulation to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MEDICINE FOR THE RIGHT SHOULDER TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION , 58, 59

Decision rationale: The Chronic Pain Medical Treatment Guidelines considers chiropractic therapy a manual therapy utilizing manipulation to achieve " positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." The provider has requested that manipulation not be performed and it is not clear what the chiropractic treatment or goals are. The request for chiropractic medicine for the right shoulder, twice weekly for six weeks, is not medically necessary or appropriate.