

Case Number:	CM14-0009049		
Date Assigned:	02/12/2014	Date of Injury:	02/12/2013
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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:

Patient is a 44-year-old who sustained an injury to his right shoulder on February 12, 2013. The subjective complaints in the patient's own words as reported by the PTP (primary treating physician) are as follows: "I have mildly improved pains of the left shoulder and right ribs. Left shoulder pain radiates to the left upper extremity down to the fingers with numbness/tingling. Pain is worse on lifting, sitting, walking, forward bending, left reaching above shoulder." The patient has been treated with medications, physical therapy, home exercises, aqua therapy and chiropractic care, per the records provided. The diagnoses assigned by the PTP are left shoulder sprain/strain, right rib lesion and right upper quadrant pain. MRI of the left shoulder has shown supraspinatus and subscapularis tendinosis, minimal subacromial bursitis, osteoarthropathy of AC joint and minimal glenohumeral joint effusion. The PTP is requesting an additional eight chiropractic sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter,

Manipulation Section, as well as the 9792.20 Medical Treatment Utilization Schedule (MTUS) Definitions.

Decision rationale: According to the provided medical records, 24 sessions of chiropractic care have been rendered to this patient in the past. Evidence of the 24 visits was not found in the records provided for review. Records of prior chiropractic care do not exist in the materials provided for review. There are no records that document objective functional improvement to substantiate additional chiropractic care according to the MTUS definitions. The MTUS-Definitions defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The Chronic Pain Medical Treatment Guidelines and the ODG Shoulder Chapter recommends manipulation for the shoulder with objective functional improvement. The records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The request for chiropractic care, twice weekly for four weeks, is not medically necessary or appropriate.