

Case Number:	CM14-0107494		
Date Assigned:	08/01/2014	Date of Injury:	06/15/2009
Decision Date:	09/11/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 6/15/09. A utilization review determination dated 6/19/14 recommends non-certification of chiropractic for the right shoulder. It referenced a 5/24/14 medical report identifying pain in the right elbow, back, and hips 2/10. No objective findings were noted. The 6 weekly chiropractic visits were recommended. There are multiple short progress notes from 11/9/13 through 7/12/14 that are mostly illegible. These appear to be chiropractic notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor for the right shoulder - 6 visits (1x/week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation, Treatment of Musculoskeletal Pain Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractor for the right shoulder - 6 visits, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective

functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is no recent and legible documentation of any shoulder symptoms or findings that would be expected to respond to chiropractic treatment. Furthermore, while it appears that the patient has received chiropractic treatment in the past, it is not clear if treatment has addressed the right shoulder and, if so, what functional improvement (if any) resulted from that treatment. In the absence of clarity regarding the above issues, the currently requested chiropractor for the right shoulder - 6 visits is not medically necessary.