

Case Number:	CM14-0110190		
Date Assigned:	09/19/2014	Date of Injury:	02/01/1998
Decision Date:	10/17/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 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:

According to the available medical records, this is a 53 year old female patient with chronic neck and right shoulder pain, date of injury is 02/01/1998. Previous treatments include chiropractic, medications, injections, home exercise, massage therapy, physical therapy. Progress report dated 06/18/2014 by the treating doctor revealed the patient with continued right shoulder pain, my right shoulder popped on me while I was pushing myself up; the muscle from there pull into my neck and makes it hard to turn my head all the way. The patient continued decrease in right shoulder range of motion (ROM), inability to raise arm over 90 degrees, moderate inflammation to the glenohumeral head as well as the bicep tendon, muscle guarding in the region. Diagnoses include late effect of cervical sp/st, brachial neuralgia and rotator cuff syndrome. Progress report dated 05/14/2014 by the treating doctor revealed patient present with a flares up of her right shoulder pain after moving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment Quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 58-

59., Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation page 58-59.

Decision rationale: The patient presents with a flare up of her chronic right shoulder and neck pain on 05/14/2014. Her last flare up episode was on 11/13/2013 when she has had 4 chiropractic treatments. While MTUS guideline recommend 1-2 visits every 4-6 months for flares up and ODG suggest 2-3 visits, with signs of objective progress toward functional restoration, the request for 6 chiropractic treatments exceeded the guidelines recommendation. Therefore, it is not medically necessary.