

Case Number:	CM14-0124731		
Date Assigned:	08/08/2014	Date of Injury:	04/16/2014
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 April 16, 2014. A utilization review determination dated July 17, 2014 recommends non-certification of Chiropractic Care for the left shoulder. Non-certification was recommended due to a conflict in regards to the patient's response to previous Chiropractic Sessions. A progress note dated July 15, 2014 includes subjective complaints of left shoulder pain, left-sided rib pain, low back pain, bilateral hand pain, and mid back pain. The shoulder pain is rated as 7/10 and increases with any movement in lifting or overhead use. The patient uses Norco and Ketoprofen. The note indicates that the patient has undergone 5 Chiropractic Treatments for his back and neck with "good relief." Physical examination findings do not include range of motion measurements to the shoulder, but identify decreased strength in the left upper extremity, right upper extremity, left lower extremity, and right lower extremity. Diagnoses include Left Shoulder Arthralgia and Cervical Radiculopathy. The treatment plan recommends Physical Therapy 2 times a week for 4 weeks for the neck, back, and left shoulder. Additionally, an EMG/NCS is recommended for the upper and lower extremities. The patient is recommended to continue with medication. A progress report dated May 27, 2014 indicates that the patient underwent 3 sessions of Chiropractic Therapy which he says have "helped his left shoulder and back so far." Left shoulder examination reveals a slightly reduced range of motion with tenderness to palpation over the AC joint and biceps tendon. Positive orthopedic tests are noted. Diagnoses include a Left Shoulder AC Arthropathy, Left Shoulder Biceps Tendinitis, and Left Shoulder Rotator Cuff Tendinosis. The treatment plan recommends continuing with

Chiropractic Rehabilitative Therapy and Acupuncture. A chiropractic initial examination dated May 12, 2014 identifies normal strength in the right upper extremity with 4/5 strength in the left upper extremity. No shoulder range of motion evaluation is included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 4Wks Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 58-60 of 127 Page(s): Page 58-60 of 127.

Decision rationale: Regarding the request for additional Chiropractic Care, 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 an initial trial of chiropractic therapy. 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, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, there is no documentation of specific objective functional improvement from the chiropractic care provided. Additional trial visits may be indicated, but there is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested additional chiropractic care is not medically necessary.