

Case Number:	CM14-0158444		
Date Assigned:	10/01/2014	Date of Injury:	02/19/2014
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/26/2014

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 a licensed Chiropractor, and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported an injury on 02/19/2014. The mechanism of injury was not provided. The injured worker's diagnoses included pain in the left shoulder joint. The injured worker's past treatments included physical therapy and medications. The injured worker's diagnostic testing included a normal x-ray of the left humerus dated 04/01/2014. An x-ray of the left elbow on 04/01/2014 was noted to reveal minimal spurring. There were no relevant surgeries documented. On 06/25/2014, the injured worker reported no change; he started physical therapy 2 weeks prior. He reported slight discomfort when he lifts his left arm over his head. The patient reported he does not believe in taking medication. Upon physical examination, the injured worker was noted with slightly guarded range of motion to the left shoulder and elbow area. His motor strength was normal to the upper and lower extremities. There were no medications documented. The request was for chiropractic care for the upper extremity, 24 sessions. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the UE - 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation

Decision rationale: The request for chiropractic care for the UE - 24 sessions is not medically necessary. The California MTUS/ ACOEM Guidelines may recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. More specifically, the Official Disability Guidelines may recommend manipulation for the shoulder. There is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with the chiropractor. In general, it would not be advisable to use this modality beyond 2 to 3 visits if signs of objective progress towards functional restoration are not demonstrated. The guidelines recommend for treatment up to 9 visits over 8 weeks for sprains and strains of the shoulder and upper arm. The injured worker did not report a change in symptoms at the time of evaluation, or complain of pain. He reported getting physical therapy 2 weeks ago, and was documented with normal range of motion to the left arm, left elbow, and left shoulder. The documentation did not provide sufficient evidence of the rationale for the request. The documentation did not provide evidence of significant objective functional deficits to warrant additional therapy. Additionally, 24 sessions would be excessive. In the absence of documentation with sufficient evidence of significant objective functional deficits and a complete and thorough pain evaluation, the request is not supported. Therefore, the request is not medically necessary.