

Case Number:	CM14-0026296		
Date Assigned:	06/13/2014	Date of Injury:	12/08/2011
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Doctor of 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:

The claimant is a 58-year-old female who was involved in a work injury on 12/8/2011 in which she injured her left shoulder. There injury were was reportedly caused by driving. Following a failure conservative treatment to bring about a resolution of her condition the claimant underwent left shoulder arthroscopy with rotator cuff repair on 5/30/2012. The claimant was under the care of her PTP, [REDACTED]. The claimant was referred to [REDACTED], to perform chiropractic and physical therapy. The claimant received 18 chiropractic treatments including active physical therapy. On 2/17/2014 [REDACTED] evaluated the claimant for complaints of left shoulder pain at 7/10 and low back pain at 6/10 on the visual analogue scale. The claimant was diagnosed with status post left shoulder OVA with RCR 5/30/2012, status post left shoulder resurfacing arthroplasty on 6/26/2013 and lumbar discogenic LBP with radiculopathy. The recommendation was for continued chiropractic treatment at 2 times per week for 6 weeks per the PTP. This was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of chiropractic care, 2 times a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The claimant had received 18 treatments at the time of this request with no evidence of lasting functional improvement. The requested 12 additional treatments exceed this guideline. Therefore, based on the absence of lasting functional improvement despite undergoing 18 treatments, the medical necessity for the requested 12 additional treatments was not established.