

Case Number:	CM14-0034925		
Date Assigned:	06/23/2014	Date of Injury:	06/16/2008
Decision Date:	09/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/20/2014

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 licensed in Chiropractic 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 39-year-old male, who reported an injury due to carrying a heavy load of bricks on 06/16/2008. On 02/26/2014, his diagnoses included status post left shoulder subacromial decompression/Mumford/debridement on 02/12/2014. The treatment plan was to request authorization for postoperative left shoulder chiropractic services, 3 times per week for 4 weeks, then 2 times per week for 4 weeks, and then once per week for 4 weeks. On 06/02/2014, his treatment plan included continuing with a home exercise program for the neck, low back, and shoulders. He was to continue with the remaining 5 sessions of postoperative rehabilitative therapy at a frequency of 3 times per week. On 07/21/2014, it was noted that the injured worker was discharged from treatment, as he was not available for additional treatment. There was no rationale included in this injured worker's chart. A Request for Authorization, dated 02/26/2014, was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation to the left shoulder 3 times a week for 4 weeks, then 2 times a week for 4 weeks, and then 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, PAGE 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for Chiropractic Manipulation to the left shoulder 3 times a week for 4 weeks, then 2 times a week for 4 weeks, and then 1 time a week for 4 weeks is not medically necessary. The California MTUS Guidelines recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. 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. The treatment parameters include a frequency of 1 to 2 times per week for the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. The requested 24 sessions of chiropractic manipulation exceed the recommendations in the guidelines. Therefore, this request for Chiropractic Manipulation to the left shoulder 3 times a week for 4 weeks, then 2 times a week for 4 weeks, then 1 time a week for 4 weeks is not medically necessary.