

Case Number:	CM14-0036790		
Date Assigned:	06/25/2014	Date of Injury:	10/19/2012
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 Board Certified in Chiropractic Medicine, has a subspecialty in Pediatric Chiropractic Medicine, and is licensed to practice in California, Washington, and New Mexico. 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 59 year old male with an original date of injury of October 19, 2012. The mechanism of injury occurred when the patient stepped on a piece of metal and fell. The diagnoses are left shoulder injury with rotator cuff tear. There is no information regarding prior physical therapy. There is no discussion indicating a recent re-injury or flare-up of the shoulder pain. The treatment notes indicate there have been 19 chiropractic treatments for the shoulder without objective, functional improvement noted. The disputed issue is a request for twelve additional chiropractic and physiotherapy treatments, with sessions 3 times a week for four weeks to the left shoulder. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the ACOEM, CA MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week over four weeks to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Chiropractic Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 56-60..

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend one to two chiropractic visits every four to six months for recurrence/flare-ups. The Guidelines also recommend nine to ten physical therapy treatments over eight weeks. This patient has already received in excess of these guidelines. The request for chiropractic care to the left shoulder, three times a week for four weeks, is not medically necessary or appropriate.

Physiotherapy three times a week over four weeks to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physiotherapy, for acute/subacute shoulder complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend one to two chiropractic visits every four to six months for recurrence/flare-ups. The Guidelines also recommend nine to ten physical therapy treatments over eight weeks. This patient has already received in excess of these guidelines. The request for physiotherapy to the left shoulder, three times a week over four weeks, is not medically necessary or appropriate.