

Case Number:	CM14-0038498		
Date Assigned:	06/27/2014	Date of Injury:	12/22/2012
Decision Date:	07/23/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Services, has a subspecialty in Pediatric Chiropractic Services 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 injured worker is a 32 year old male with an original date of injury of 12/22/12. The mechanism of injury occurred when the patient fell. Diagnoses include right shoulder impingement syndrome, right shoulder rotator cuff tear, tendinosis, rule out brachial plexus stretch injury and right knee sprain/strain. The patient has had chiropractic therapy for the right shoulder and right knee; however there is no indication of objective, functional improvement. The patient continued to complain of pain (7-8/10 VAS) in the right shoulder and knee. The disputed issue is a request for 12 chiropractic treatments for the right shoulder and knee, with sessions 2 times a week for 4 weeks. 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 CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic Treatment for the Right Shoulder and Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. In this case, there has been no objective, functional improvement noted. Chiropractic treatment for the knee is not recommended by CA MTUS. The request for 12 chiropractic treatments to the right knee and right shoulder is not medically necessary and appropriate.