

Case Number:	CM14-0039698		
Date Assigned:	06/27/2014	Date of Injury:	01/17/2012
Decision Date:	10/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

According to the available medical records, this is a 46 year old male patient with chronic left shoulder pain and low back pain, date of injury is 01/17/2012. Previous treatments include medications, acupuncture, chiropractic, left shoulder surgery and physical therapy. Progress report dated 02/24/2014 by the treating doctor revealed patient complains of constant left shoulder pain, 6/10, there is no radiation of pain but he reports numbness and tingling sensation. The pain increases when raising the arm and decreases when not moving the arm. Exam of the left shoulder revealed tenderness to palpation of the left AC joint and left deltoid, limited ROM secondary to pain, positive Apprehension sign. Diagnoses include status post left shoulder surgery, left shoulder pain and lumbar spine sp/st with myospasm. The patient returned to work with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the left shoulder 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: While CA MTUS guideline do not address chiropractic treatments for chronic shoulder pain, ACOEM guideline only recommend manipulation for frozen shoulder. ODG advises to use manipulation beyond 2-3 visits only if signs of objective progress towards functional restoration are demonstrated. The request for chiropractic care for the left shoulder 3x4 exceeded the guidelines recommendations and therefore, not medically necessary.