

Case Number:	CM14-0095472		
Date Assigned:	07/25/2014	Date of Injury:	08/23/2013
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Chiropractics 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 52 year old female patient with chronic right shoulder pain, date of injury 08/23/2013. Previous treatments include chiropractic and physiotherapy. There is no other treatment records available for review. There is no medical report pertaining to this request for chiropractic treatment. There is only one supplemental report dated 08/07/2014 by the treating doctor noted that the patient has completed 23 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments: 2X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Spraines and Strains of Shoulder/Upper Arm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sprain and Strains of Shoulder and Upper Arm.

Decision rationale: CA MTUS guidelines do not address chiropractic manipulation for the shoulder. ACOEM guideline only recommend manipulation for patients with frozen shoulder

with period of treatment limited to a few weeks. ODG guidelines recommended 9 visits over 8 weeks plus active self-directed home therapy. This patient shoulder pain is almost 1 year in duration and she has completed 12 chiropractic sessions per Utilization letter dated 06/05/2014. Based on the guidelines cited, the request for additional 2x3 chiropractic visits is not medically necessary.