

Case Number:	CM13-0058159		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2010
Decision Date:	01/26/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/26/2013

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 Chiropractor (DC), 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 patient is a 62 year old male who injured his left shoulder, neck and upper back on 10/04/2010 while performing her usual and customary duties as a truck driver. The mechanism of injury involves the disconnection of a trailer. The patient is status post-surgical for the left shoulder (hemiarthroplasty). Per the PTP's progress report the subjective complaints are described as follows: "The patient complains of flare up of the left shoulder, upper back and neck pain." The patient has been treated with medications, shoulder brace, physical therapy, home exercise programs and chiropractic care. The diagnoses assigned by the PTP are cervical strain injury, thoracic strain injury and left shoulder derangement. An MRI of the left shoulder has shown shoulder impingement a total cartilage loss of glenohumeral joint as well as partial thickness tear of the rotator cuff. The PTP is requesting 2 additional chiropractic care sessions to the cervical spine, thoracic spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for 2 sessions to the cervical and thoracic spine and left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back and Shoulder Chapters, Manipulation Section

Decision rationale: The patient has received chiropractic care in the past per the records provided. The progress reports provided from the treating chiropractor do not show objective functional improvement as defined by MTUS. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS ODG Neck and Upper Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been no objective functional improvement with the rendered chiropractic care in the past. All progress reports submitted in the records have the same identical findings. The MTUS does not recommend manipulation for the shoulder. I find that the 2 chiropractic sessions requested to the neck, upper back and left shoulder to not be medically necessary and appropriate.