

Case Number:	CM14-0109929		
Date Assigned:	08/01/2014	Date of Injury:	12/26/2005
Decision Date:	01/14/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 12/26/2005. The date of the utilization review under appeal is 06/13/2014. On 05/05/2014, a primary treating physician progress note is handwritten and almost entirely illegible. An orthopedic follow-up note of 07/29/2014 notes that the patient was seen in a re-evaluation regarding bilateral shoulders with a history of a diagnostic arthroscopy in March 2014, that follow-up note indicates the patient had good improvement and still had some residual pain but overall was improved in mobility and strength. A treatment plan was proposed to proceed with continued strengthening the left shoulder as well as diagnostic intraoperative arthroscopy with decompression of the right shoulder in October 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation states that

elective/maintenance care is not medically necessary. The treatment guidelines anticipate that this patient would have previously transitioned to an independent active home rehabilitation program. A rationale or indication for additional supervised chiropractic treatment is not apparent at this time. This request is not medically necessary.