

Case Number:	CM14-0185520		
Date Assigned:	11/13/2014	Date of Injury:	10/16/2013
Decision Date:	01/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Acupuncture 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 reported to be a 71 year old who sustained injury on 10/16/13; claimant reported fell on a hill. The patient past medical history of care includes ER evaluation, radiographs, medications, TTD, PT/Chiropractic to the right shoulder 20 sessions, CT/arthrogram humerus. Provider clinical SOAP notes from 8/12/14 through 10/26/14 was all but illegible including the dates of entry. The most recent entry of 10/26/14 referenced the cervical spine but the remainder of the entry is again, illegible. Chiropractic Services report dated 10/23/14 and reflected management of the patient with modalities only. A UR determination dated 10/23/14 addresses the request from [REDACTED] for 4 additional Chiropractic visits with physical therapy to be applied to the patient's neck, right shoulder. UR noted that a comparative evaluation of reviewed PR-2's from 6/5/14 relative to the cervical spine ROM's were only equivocal regarding objective changes strongly suggesting a plateauing of the patient's status. The review also reported no prior or current legible shoulder ROM or pain levels for neither comparison nor indication that the claimant required additional Chiropractic care to the shoulder. Additional Chiropractic/Physical therapy was not supported over a compliant self-care program. ODG Guidelines for Chiropractic care were offered as evidence based support for the determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro-therapy for the cervical/right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical Spine

Decision rationale: The current request for an additional 4 sessions of Chiropractic care to the spine/shoulder was not accompanied by any legible charting of a patient encounter with ■■■■■ or the Chiropractor of record documenting clinical evidence of functional improvement as required by the referenced ODG Guidelines. "Functional improvement" means either 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. The failure to provide legible documents support additional care and evidence of functional improvement deems the request not medically necessary.