

Case Number:	CM14-0186568		
Date Assigned:	11/14/2014	Date of Injury:	09/22/2012
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 injured worker is a 30 year old male who reported right shoulder pain from injury sustained on 09/11/12 due to crushing trauma. There were no diagnostic imaging reports. Patient is diagnosed with status post right shoulder arthroscopic surgery, crushing trauma to the right hand, right shoulder strain, right wrist sprain/strain, right hand sprain/strain. Patient has been treated with medication, surgery and chiropractic. Per medical notes dated 08/21/14, patient reports "doing ok". Per medical notes dated 09/08/14, patient complains of neck and upper extremity pain. Patient states pain decreased by 10% over his neck and right shoulder arm pain. Patient has decreased and painful range of motion. Provider requested additional 18 chiropractic treatments which were modified to 3 by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, (acute and chronic)

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 18 chiropractic treatments which were modified to 3 by the utilization reviewer. Per medical notes dated 09/08/14, patient complains of neck and upper extremity pain. Patient states pain has decreased by 10% over his neck and right shoulder. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 18 Chiropractic visits are not medically necessary.