

Case Number:	CM14-0195015		
Date Assigned:	12/02/2014	Date of Injury:	12/04/2013
Decision Date:	01/14/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 43 year old female with a date of injury 12/4/13; mechanism of injury is unknown. The patient presented for reevaluation with her PTP on 8/4/14 with pain in her right upper extremity. Objective assessment: cervical ROM decrease, tenderness right shoulder with positive impingement sign, decreased shoulder ROM with strength decrease. PTP was requesting additional Chiropractic care to the shoulder, 12 visits. Reports reviewed did not reflect the number of completed sessions prior to the 8/4/14 encounter. The UR review/determination of 11/8/14 denied additional Chiropractic care to the shoulder stating that there was no reasonably maintained functional improvement documented with previous Chiropractic care. CAMTUS Chronic Treatment Guidelines were offered as support for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic visits for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58, 59.

Decision rationale: The reevaluation report of 8/4/14 reported the patient with continuing pain and injury deficits to the shoulder despite reported medical management to include an unspecified number of Chiropractic visits. The subject report fails to address the patient prior history of manual therapy, the number of completed sessions and what objective clinical evidence of functional improvement was either demonstrated or expressed by the patient. The CAMTUS Acupuncture Treatment Guidelines for manual therapy supports additional care when clinical evidence of functional improvement is provided following an initial trial of care. "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 criteria required for consideration of additional Chiropractic care was not provided leading to the UR determination that no additional care be certified. This determination was reasonable and consistent with reviewed documents. Additional Chiropractic care 12 sessions did not meet the criteria for additional care per referenced guidelines.