

Case Number:	CM14-0197095		
Date Assigned:	12/05/2014	Date of Injury:	10/28/2011
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/24/2014

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 Chiropractor (DC), 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:

Claimant is a 49 year old male who sustained a work related injury on 10/28/2011. Per a prior review dated 11/5/2014, the reviewer could not reach the provider. According to a consultation report dated 10/22/14, the claimant has pain in his shoulders that is the same. There are no objective findings, physical examination, or prior treatment. The only other documentation submitted is a normal EMG study dated 5/3/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 continued chiropractic treatment for the left shoulder, 2 times a week for 4 weeks, outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With

functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. It is unclear whether the claimant had already chiropractic treatment. If chiropractic treatment was rendered, there is no documented functional improvement or flare-up to justify further treatment. If this is a request for an initial trial, 8 visits exceeds the recommendations for an initial trial. Therefore 8 visits of chiropractic are not medically necessary.