

Case Number:	CM14-0201767		
Date Assigned:	12/12/2014	Date of Injury:	08/31/2012
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Chiropractor (DC) 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 twenty-two year old female who sustained a work-related injury on August 31, 2012. A request for 12 chiropractic sessions to the right shoulder was non-certified in Utilization Review (UR) on November 21, 2014. The UR physician utilized the California (CA) MTUS ACOEM guidelines in the determination. The CA MTUS ACOEM guidelines indicate that manipulation by a manual therapist has been described as effective in patients with frozen shoulders. The UR physician determined that upon review of the documentation submitted for review, the request for 12 chiropractic sessions to the right shoulder was not consistent with the guidelines. A request for independent medical review (IMR) was initiated on December 2, 2014. A review of the documentation submitted for IMR included physician's reports from September 11, 2014 and November 6, 2014. On September 11, 2014, the evaluating physician documented that the injured worker had no significant improvement since her previous examination. She continued to have right shoulder pain which she rated an 8 on a 10-point scale. She experienced numbness and tingling which increased with increased activity. Her right shoulder was tender to palpation and her range of motion was decreased in flexion and abduction. On November 6, 2014, the evaluating physician documented that the injured worker had no significant improvement from her previous evaluation. She had completed 3 sessions of chiropractic care and was seeing some improvement in her right shoulder and progress in her range of motion and pain. The evaluating provider documented that the injured worker did not get medications for pain and that medications would allow her to function and do activities of daily living with less pain. The injured worker also complained of right knee pain and right hip pain. Upon examination, the injured worker's right anterior shoulder was tender to palpation and her range of motion was decreased in flexion and abduction. The evaluating provider recommended continued chiropractic sessions and pain medication. The injured worker's work

status was defined as the same work restrictions as previous visit. A diagnosis associated with these evaluations included shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x4 weeks of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Per medical notes patient reported "some improvement". Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Provider requested additional 2X6 chiropractic sessions for shoulder pain. 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, 2X6 Chiropractic visits are not medically necessary.