

Case Number:	CM14-0204164		
Date Assigned:	12/16/2014	Date of Injury:	07/12/2013
Decision Date:	02/23/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 52 year old male with a 7/12/13 date of injury; claimant was pulling a pallet and sustained injury to his left shoulder. On 11/19/14 [REDACTED] requested initiation of Chiropractic care to managed residual of left shoulder pain. The 11/14/14 reexamination findings from [REDACTED] reported the patients left shoulder pain as VAS 3/10; left shoulder ROM with minimal loss of 5 degrees on ABD/Flex; IR/ER at 75/90. The treatment request was for 8 Chiropractic visits. The patient is reported status post 22 post op physical therapy visits; 18 sessions of Acupuncture; unknown number of ESWT sessions. The UR determination of 11/21/14 denied the request for initiation of Chiropractic care stating that the patient shoulder deficits were essentially normal with no additional findings that would support manipulation. ODG Treatment Guidelines/Chiropractic was offered as evidence based support for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic: 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); Chiropractic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC;ODG Treatment Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic); 10/31/14.

Decision rationale: The patient is reported to be a 52 year old male with a 7/12/13 date of injury. The 11/19/14 request for initiation of Chiropractic care was the subject of a 11/20/14 UR determination denying Chiropractic care to the shoulder based on the PR-2 report from [REDACTED] [REDACTED] dated 11/14/14 that found the patients left shoulder essentially negative and therefore not warranting certification for manipulative care. The patient at the time of the reevaluation did not demonstrate left shoulder deficits where it would be expected that manual therapy would lead to increased functional improvement. The patient was status post 22 PT sessions, 18 sessions of Acupuncture and an unknown number of ESWT (extracorporeal shock wave therapy) at the time of the request for Chiropractic care 2x4. The request was not accompanied by evidence of medical necessity or the expected goal of additional passive therapy. The UR determination not supporting initiation of manipulative care was appropriate and supported by reviewed medical records and referenced ODG Guidelines. Therefore, this request is not medically necessary.