

Case Number:	CM14-0049505		
Date Assigned:	07/07/2014	Date of Injury:	06/10/2011
Decision Date:	04/16/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/17/2014

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 10, 2011. In a Utilization Review Report dated March 5, 2014, the claims administrator failed to approve/partially approve the request for 12 sessions of chiropractic manipulative therapy for the shoulder. The claims administrator referenced a March 12, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On February 18, 2014, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was status post herniorrhaphy surgery and status post earlier right shoulder surgery. Large portions of progress notes were difficult to follow. The applicant is using Norco for pain relief. The applicant was placed off of work, on total temporary disability. On February 28, 2014, the applicant was, once again, seemingly placed off of work, on total temporary disability for additional four to six weeks. The chiropractic manipulative therapy was endorsed. The applicant did exhibit diminished range of motion about the injured shoulder, with flexion and abduction into 45- to 50-degree range.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 3X4 RIGHT SHOULDER MODIFIED TO
CHIROPRACTIC TREATMENT 2x3 RIGHT SHOULDER: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy for the shoulder was not medically necessary, medically appropriate, or indicated here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of chiropractic manipulative therapy or manual therapy for the shoulder, the body part at issue here. The MTUS Guideline in ACOEM Chapter 9, page 203 notes that the period of treatment for chiropractic manipulative therapy for the shoulder is limited to a few weeks as a result of decrease of time. Here, the request for 12 sessions of chiropractic manipulative therapy for the shoulder, thus, represented treatment in excess of ACOEM parameters. It is further noted that the applicant appeared to have received earlier chiropractic manipulative therapy prior to the date of the request and had, moreover, failed to respond favorably to the same. The applicant remained off of work, on total temporarily disability. Significantly limited shoulder range of motion was evident on a February 20, 2014 progress note. The applicant is still using Norco for pain relief. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier chiropractic manipulative therapy in unspecified amounts. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.