

Case Number:	CM15-0059806		
Date Assigned:	04/06/2015	Date of Injury:	05/25/2012
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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: Chiropractic

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 48 year old male, who sustained an industrial injury on 5/25/2012. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical disc bulge, thoracic sprain/strain, lumbar disc rupture with radiculopathy and right shoulder internal derangement. Bilateral lower extremity electromyography (EMG) showed peripheral neuropathy. Treatment to date has included physical therapy, psychotherapy and medication management. In progress notes dated 1/21/2015 and 2 25/2015, the injured worker complains of pain in the right shoulder, cervical spine and lumbar spine. The treating physician is requesting 12 chiropractic visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two (2) times a week for six (6) weeks for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: It is not clear from the records provided if the patient has received prior chiropractic care for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Shoulder Chapter recommends 9 sessions over 8 weeks. The MTUS-Definitions page 1 defines functional improvement as 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 billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered, if any were rendered. If no chiropractic care has been rendered, The MTUS recommends 9 sessions over 8 weeks. The requested number of sessions exceeds The MTUS recommended number. I find that the 12 chiropractic sessions requested to the right shoulder to not be medically necessary and appropriate.