

Case Number:	CM15-0080303		
Date Assigned:	05/01/2015	Date of Injury:	02/17/2009
Decision Date:	06/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/27/2015

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: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial/work injury on 2/17/09. She reported initial complaints of left shoulder pain. The injured worker was diagnosed as having left shoulder sprain/strain. Treatment to date has included medication, and prior chiropractic visits. Currently, the injured worker complains of left shoulder sharp pain that limits her range of motion and awakens her from sleep. Per the primary physician's progress report (PR-2) on 3/26/15, the injured worker complaints of frequent headaches throughout the day. The left shoulder has 48 degrees flexion, 70 degrees adduction, and 40 degrees extension. The requested treatments include Chiropractic therapy for the left shoulder with physical medicine, CMT, MFR and H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 3 weeks for the left shoulder with physical medicine, CMT, MFR and H-wave: 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), Pain Chapter, Manual therapy & manipulation, Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic therapy 2 times a week for 3 weeks for the left shoulder with physical medicine, CMT, MFR and H-wave is not medically necessary and appropriate.