

Case Number:	CM14-0098589		
Date Assigned:	09/23/2014	Date of Injury:	09/06/2013
Decision Date:	10/23/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine 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:

Patient is a 49 year-old female with date of injury 09/06/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/23/2013, lists subjective complaints as pain in the left shoulder. Objective findings: Examination of the left shoulder revealed tenderness to palpation over the posterior region and deltoid muscles. Patient had full range of motion with pain noted on flexion and extension. Neer's impingement test was negative. Suprapinatus test was negative and Glenohumeral apprehension test was negative. Motor strength was 5/5 in all represented muscle groups in the left upper extremity. Deep tendon reflexes were 2+ in all dermatomal levels. Sensation to pinprick and light touch was intact. Diagnosis: 1. Left shoulder strain/sprain 2. Left hand contusion 3. Right knee strain/sprain. Patient has completed 4 sessions of acupuncture and 8 sessions of chiropractic care to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatment for the left shoulder, three (3) times a week for four (4) weeks, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The patient has apparently undergone a trial of chiropractic, but there is no documentation of functional improvement as a result of a trial. An additional 12 visits of chiropractic is not medically necessary.