

Case Number:	CM15-0014834		
Date Assigned:	02/02/2015	Date of Injury:	10/27/2009
Decision Date:	05/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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: 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 injured worker is a 46 year old female who sustained an industrial injury on 10/27/2009. Current diagnoses include thoracic/lumbar sprain/strain, cervical sprain/strain, status post right shoulder scope, and left shoulder sprain. Previous treatments included medication management, right shoulder surgery, chiropractic treatments. Report dated 12/30/2014 noted that the injured worker presented with complaints that included limited range of motion, constant aches and spasm, sharp shooting pain in arms, weakness, numbness and tingling, and low back pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included awaiting authorization for rheumatologist, appointment with ophthalmologist, follow up in 4-6 weeks, and request for post-op chiropractic. Disputed treatments include post-op Chiropractic Treatment 1x4 (Right Shoulder). She had 18 sessions of prior chiropractic and eight sessions of post -op chiropractic were authorized on 1/19/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Chiropractic Treatment 1x4 (Right Shoulder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Chiropractic Guidelines - Sprains and strains of shoulder and upper arm.

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant had 18 prior chiropractic visits and recently another eight post operative chiropractic visits authorized. However, the provider fails to document objective functional improvement on the recently certified chiropractic visits. Therefore, further chiropractic visits are not medically necessary.