

Case Number:	CM15-0177575		
Date Assigned:	09/18/2015	Date of Injury:	04/15/2013
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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

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 53-year-old male, who sustained an industrial injury on 4-15-13. The injured worker was diagnosed as having left shoulder pain, adhesive capsulitis, frozen shoulder, thoracic strain, and T5-6 costovertebral strain. Treatment to date has included intercostal injections, transforaminal epidural injections, physical therapy, a home exercise program, and medication. Physical examination findings on 8-20-15 included tenderness in the thoracic spine more on the right than left with stiffness. Range of motion in the thoracic spine was painful but within normal limits. Left shoulder tenderness was noted with normal but painful range of motion. Currently, the injured worker complains of pain in the shoulder, thoracic spine, and chest. The treating physician requested authorization for 6 chiropractic treatments for the left shoulder and thoracic spine. On 9-3-15, the request was non-certified; the utilization review physician noted, "Chiropractic care for unknown reasons and of unknown content is not recommended."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 6 treatments, left shoulder and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic back and left shoulder pain despite previous treatments with medications, injections, physical therapy, and home exercise program. Reviewed of the available medical records showed no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for the spine, chiropractic treatments visits might be recommended for frozen shoulder only. In this case, the claimant presented with left shoulder pain, range of motion is painful but normal. Thus, medical necessary for chiropractic manipulation treatments for the left shoulder has not been established. Therefore, the request for 6 chiropractic treatments for the left shoulder and thoracic spine is not medically necessary.