MAXIMUS Federal Services

Case Number:	CM15-0069036		
Date Assigned:	04/16/2015	Date of Injury:	05/19/2014
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/13/2015

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 28 year old male, who sustained an industrial injury on 5/19/2014. The current diagnoses are cervical herniated nucleus pulposus and left shoulder impingement. According to the progress report dated 2/9/2015, the injured worker complains of neck and left shoulder pain. The current medications are Norco. Treatment to date has included medication management, MRI studies, electrodiagnostic studies, physical therapy, cortisone injection, acupuncture, and cervical epidural steroid injection. The plan of care includes 12 additional chiropractic sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, 2 times a week for 6 weeks (12 sessions) for the left shoulder:
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 Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section/ MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for his injuries (6 sessions). The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Shoulder Chapter recommends a limited number of chiropractic care, 9 sessions over 8 weeks with additional sessions with evidence of significant functional improvement. 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 PTP describes some improvements with past chiropractic treatment but no objective measurements are listed. The records provided by the primary treating physician and treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 12 additional chiropractic sessions requested to the left shoulder to not be medically necessary and appropriate.