

Case Number:	CM15-0076423		
Date Assigned:	04/28/2015	Date of Injury:	01/04/2013
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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 (IW) is a 39 year old female who sustained an industrial injury on 01/04/2013. She reported right shoulder , wrist ,and hand pain. The injured worker was diagnosed as being post shoulder arthroscopic subacromial decompression with debridement on 02/10/2014. Treatment to date has included chiropractic care, physical therapy, and medications for pain. Currently, the injured worker complains of right shoulder pain, neck pain, and pain in the right wrist and right hand. There was negative impingement signs and normal strength with slightly decreased range of motion on exam. Treatment plans included a request for additional Chiropractic treatment 3x a week x4 for the right shoulder. On 04/09/2015 the Utilization Review agency non-certified the request for Chiropractic treatment 3 times a week for 4 weeks for the right shoulder citing CA- MTUS Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 4 weeks for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 04/09/2015 UR determination non-certified the request for Chiropractic treatment 3 times a week for 4 weeks for the right shoulder citing CA- MTUS Chronic Pain. The reviewed medical records did not document objective clinical evidence of functional improvement as required by the referenced CAMTUS Chronic Treatment Guidelines. The medical necessity for additional Chiropractic care to the patient shoulder, 12 sessions was not supported by the records reviewed or CAMTUS Chronic Treatment Guidelines.