

Case Number:	CM14-0143949		
Date Assigned:	09/12/2014	Date of Injury:	01/04/2008
Decision Date:	10/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 64 year old female with an injury date of 01/04/08. Based on the 08/13/14 progress report provided by [REDACTED] the patient complains of shoulder pain rated 8/10. Bilateral shoulder exam shows obvious findings for adhesive capsulitis of both shoulders, left greater than right. Significant findings for impingement syndrome, likely intrinsic rotator cuff tears of both shoulders, left greater than right, with marked and substantial restriction in range of motion of both shoulders. Diagnosis 08/13/14- bilateral interarticular shoulder pain- adhesive capsulitis left- rotator cuff tears- impingement syndrome [REDACTED]. [REDACTED] is requesting Chiropractic Treatments 2 x 5. The utilization review determination being challenged is dated 08/25/14. The rationale is "treatment guidelines do not support a trial of greater than six visits of chiropractic care." [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/14 - 08/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatments 2 x 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

Decision rationale: Patient presents with shoulder pain. The request is for Chiropractic Treatments 2 x 5. She has been diagnosed with impingement syndrome, adhesive capsulitis and rotator cuff tears on left shoulder. MTUS under its chronic pain section has the following regarding chiropractic manual therapy and treatments: (pp58,59) "Treatment Parameters from state guidelines:a. Time to produce effect: 4 to 6 treatmentsb. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks." Review of records do not document prior visits of benefits from chiropractic treatment. Request for 10 chiropractic visits exceeds what is allowed by MTUS guidelines. The request is not medically necessary.