

Case Number:	CM13-0016549		
Date Assigned:	11/06/2013	Date of Injury:	08/11/2011
Decision Date:	07/28/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/26/2013

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 Emergency Medicine 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 injured worker is a 60 year-old male, who sustained an injury on August 11, 2011. The mechanism of injury was not noted. Findings from an exam dated May 3, 2012, included complaints of pain to the cervical spine, both shoulders and right elbow and wrist. Exam showed tenderness to the cervical and lumbar spines, as well as right shoulder, elbow and wrist, with decreased range of motion. Diagnostics have included: April 24, 2012 cervical spine MRI, which was reported as showing straightening of the cervical lordotic curve, multi-level disc bulging and neuroforaminal stenosis; April 24, 2012 right shoulder MRI, which was reported as showing supraspinatus complete tear, acromioclavicular osteoarthritis, subacromial bursitis. Treatments have included physical therapy, chiropractic, right shoulder surgery. The current diagnoses are: elbow and forearm sprain; cervical spine musculoligamentary injury. The stated purpose of the request for 8 sessions chiropractic treatment for cervical spine, right elbow and right shoulder; 2 times a week for 4 weeks, was not documented. The request for 8 sessions chiropractic treatment for cervical spine, right elbow and right shoulder; 2 times a week for 4 weeks, was denied on July 26, 2013, citing a lack of documentation of objective derived functional improvement from completed chiropractic therapy sessions. Per the July 19, 2013 report, the injured worker reports that same as the previous report, with complaints of pain to the cervical spine, right shoulder and elbow. Exam showed: cervical tenderness to palpation with spasm; right shoulder tenderness to palpation; right elbow tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS CHIROPRACTIC TREATMENT FOR CERVICAL SPIN, RIGHT ELBOW AND RIGHT SHOULDER; 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has persistent pain to the cervical spine, right shoulder and elbow. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. Therefore, based on the currently available information, 8 sessions chiropractic treatment for cervical spine, right elbow and right shoulder; 2 times a week for 4 weeks is not medically necessary.