

Case Number:	CM13-0016849		
Date Assigned:	11/06/2013	Date of Injury:	05/23/1999
Decision Date:	02/11/2014	UR Denial Date:	08/09/2013
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 licensed in Chiropractic and Acupuncture 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 employee is a 71-year-old woman who sustained a work-related injury on 5/23/99. She has left shoulder and neck pain from a flare-up of her condition. She also has bilateral hand numbness and cracking and popping from the left shoulder. The records note the employee has cervical paravertebral muscle tenderness, restricted range of motion of the cervical spine and shoulders, positive impingement sign, reduced bilateral grip strength, decreased sensation of bilateral median nerve distribution, and positive tinel's and phalen's sign. Her primary diagnoses are cervical radiculopathy, bilateral shoulder internal derangement, lumbar radiculopathy and bilateral moderate carpal tunnel syndrome. Treatment has included physical therapy, left and right shoulder surgery, and oral medication. The employee has had no prior chiropractic treatment based on the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three times per week for four weeks for the neck, back and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend an initial trial of four to six visits of chiropractic treatment. According to guideline criteria, continued visits may be appropriate if satisfactory clinical gains are documented during the trial. In the case of this employee, the provider has requested 12 chiropractic visits. The requested treatment exceeds guideline recommendations for an initial trial. Therefore, the requested course of chiropractic treatment three times per week for four weeks for the neck, back and shoulders is not medically necessary and appropriate.