

Case Number:	CM13-0019928		
Date Assigned:	06/06/2014	Date of Injury:	08/14/2012
Decision Date:	07/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/04/2013

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 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:

According to the available medical records, this is a 30 year old male patient with chronic upper back pain and shoulders pain, date of injury 08/14/2012. Previous treatments include physical therapy, chiropractic, home exercise, acupuncture. A progress report dated 08/09/2013 by the treating doctor revealed current complaints of middle back and rib pain described as 4/10 and occurring 50% of the day, right shoulder pain described as 3/10 and occurring 25%-50% of the day, left shoulder pain described as 3/10 and occurring 50% of the day, bilateral wrists pain described as 3/10 and occurring 25%-50% of the day. An exam of the thoracic spine revealed bilateral biceps deep tendon reflexes diminished +1/+2, paravertebral muscles at T4-T6 suggestive of soft tissue injury, positive Modified Kemp's test with pain at T4-T6. The diagnoses include resolving post-traumatic chronic sprain, complicated by disc derangement/herniations T3-T4 and T7-T8; resolving post-traumatic chronic right and left shoulder sprain, suspected bilateral shoulder impingement syndrome of the supraspinatus tendon, and bilateral lateral epicondylitis; and resolving post-traumatic chronic right wrist sprain, with confirmed carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL TWELVE (12) CHIROPRACTIC EVALUATION AND TREATMENT VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manual Therapy & Manipulation.

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

Decision rationale: A review of the available medical records showed this patient had attended multiple chiropractic visits in August 2012, September 2012, February 2013, May 2013, and most recently had 12 visits since July 2, 2013, with no evidence of functional improvement. The patient continues to be on temporary total disability. Based on the Chronic Pain Medical Treatment Guidelines, the request for additional 12 chiropractic treatments is not medically necessary.