

Case Number:	CM13-0022824		
Date Assigned:	11/15/2013	Date of Injury:	10/07/2010
Decision Date:	01/29/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer 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 physician 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 59 year old injured worker with chronic shoulders pain, wrists pain, knees pain and foot pain, date of injury 10/07/2010. Previous treatments include medications, topical analgesics, right shoulder surgery on 07/19/2012, physical therapy, acupuncture, left shoulder injection. Progress report dated 08/16/2013 by [REDACTED] revealed post-operative pain in the left shoulder, ongoing pain in left knee and neck region; exam revealed TTP biceps tendon groove, diffuses shoulder, limited ROM of the left shoulder with pain, arthroscopic portals are healed without infection or swelling, neurovascular status intact. AME report dated 02/21/2013 by [REDACTED] noted complaints of right shoulder, left shoulder, right wrist/hand, left wrist/hand, right middle finger, right knee, left knee, right foot/heel, left foot/heel, diagnoses and permanent and stationary status includes all the above complaints but the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six chiropractic sessions for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The medical records provided for review does not indicate the patient to have an injury to the neck. The treating physicians report and exam did not include any cervical spine exam. There is not enough clinical evidence that justifies the need for 6 chiropractic therapy sessions for the cervical spine. The request for six chiropractic therapy sessions is not medically necessary and appropriate.