

Case Number:	CM13-0024432		
Date Assigned:	11/20/2013	Date of Injury:	01/27/2008
Decision Date:	01/29/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/13/2013

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 is Board Certified in Chiropractic Care, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 42-year-old female who reported an injury on January 27, 2008, due to stocking groceries. The patient reported an injury to their shoulder and cervical spine. The patient was treated with chiropractic care and epidural steroid injections. The patient's most recent clinical exam findings included tenderness to palpation of the cervical spine with range of motion described as 60 degrees in flexion, 50 degrees in extension, 40 degrees in left rotation, and 50 degrees in right and left lateral tilt. The patient reported cervical and left shoulder pain rated at 6/10 to 7/10. The patient's diagnoses included left cervical radiculopathy, status post remote left arthroscopic subacromial decompression. The patient's treatment plan was to continue chiropractic care and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 4 weeks for the cervical spine and left shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend elective or maintenance chiropractic care. The clinical documentation submitted for review does indicate that the patient has undergone extensive chiropractic care and continues to have left shoulder and neck pain. The patient has already undergone extensive chiropractic care and the documentation does not reflect significant functional benefit. Additional chiropractic care would not be supported. As the guidelines do not support maintenance care, continuation of chiropractic treatment would not be indicated. The request for chiropractic care 2 times a week for 4 weeks for the cervical spine and left shoulder are not medically necessary and appropriate.