

Case Number:	CM13-0029826		
Date Assigned:	11/01/2013	Date of Injury:	01/15/2010
Decision Date:	02/11/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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, has a subspecialty in Sports 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 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:

Injured worker is a 57 year old male who reported neck pain as well as Lt. shoulder pain, headaches and back pain after being hit by a large plank falling from approx. 30 ft. on 1-25-13. First day on job. Diagnosis of Rotator cuff tear and cervical strain were given. Conservative care on shoulder was given. On 7/22/13 6 chiropractic visits were approved and administered. 6 more Chiropractic visits were approved on 9/4/13. No apparent change in subjective pain levels 7/10. Also no apparent improvement in work restrictions or limitations, therefore insufficient evidence of functional improvement. MRI of the cervical spine with minimal disc bulges, marked facet D.J.D. were noted. MRI of the shoulder revealed rotator cuff tear of the Supraspinatus and labrum

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic manipulation sessions for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the Chronic Treatment Guidelines of the MTUS, pgs. 58& 59, states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. There has been no change in pain and more importantly there has been no improvement in work restrictions or evidence in functional improvement. The request is denied.