

Case Number:	CM13-0041533		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2009
Decision Date:	07/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 50 year old female who injured herself on 3/23/10 after slipping and falling on slippery floor at work landing backwards on her back, right arm and shoulder. The UR report mentioned sorting mandarins as the mechanism of injury. Prior treatment has consisted of 6 chiropractic and 6 acupuncture sessions according to the records. The records also indicate treatment of medication, physical therapy cervical spine epidural, extracorporeal shock wave therapy and right shoulder arthroscopy (8/5/13). On 8/5/13 a right shoulder MRI revealed osteoarthritis, tendinosis and subchondral cysts in the anterior and lateral aspect of the proximal humeral epiphysis. On 8/5/13 a cervical spine MRI revealed straightening of the cervical curve and left maxillary sinusitis as well as C5-C6 mild local disc herniation 2.8mm causing mild stenosis of the spinal canal. On 9/8/13 a thoracic spine MRI revealed T1-T12 disc dessication and straightening of the thoracic curve. The doctor is requesting 6 chiropractic therapy visits from 9/19/13 to 11/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC THERAPY VISITS: 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 9792.20-9792.26 Page(s): 58-59.

Decision rationale: The chiropractic treatment is not medically necessary because the previous chiropractic treatment does not indicate objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities.