

Case Number:	CM13-0042579		
Date Assigned:	12/27/2013	Date of Injury:	07/07/2011
Decision Date:	02/24/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 expert reviewer is Licensed in chiropractic care, 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 44 year old female patient with chronic neck pain involving right shoulder and upper extremity, date of injury 07/7/2011. Previous treatments include chiropractic, physiotherapy, acupuncture, physical therapy, medications and wrist splint. Progress report dated 09/25/2013 by [REDACTED] revealed slight intermittent neck pain involving the right shoulder/upper extremity radiating into the right had, radiating pain appears to occur only occasionally now; cervical AROM (active range of motion) reduced LLF (left lateral flexion), RLF (right lateral flexion) and RROT, slight tenderness along the upper trap/levator scap on the right, ADLs (activities of daily living) limitations with using right extremity, reaching, pushing, pulling, lifting, turning neck while driving, continue to improve with treatment rendered, NDI show improvement as follow: 06/28/2013 = 21/50, 08/12/2013 = 14/50, 09/25/2013 = 9/50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulations for eight session: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Chronic Pain Chapter

Decision rationale: The Expert Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. Reviewed medical records showed this patient has had improvement in ADL (activity of daily living) and ROM (range of motion). The records show evidence of objective functional improvement. The request for chiropractic manipulations for eight sessions is medically necessary or appropriate