

Case Number:	CM13-0055024		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2013
Decision Date:	06/03/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 patient is a 47 year old female who injured her right shoulder, upper back and right ribs on 7/30/2013 after a fall on her right side. The patient used her outstretched right arm to help break the fall, per the records provided. Per the PTP's most recent report the patient complains of "chest wall pain and right shoulder pain." Patient has been treated with medications, home exercises and physical therapy. Diagnoses assigned by the PTP are right shoulder pain and chest wall pain. A CT scan of the chest wall revealed a normal study. An x-ray study has revealed 10th, 11th and 12th rib fractures. The PTP is requesting an initial trial of 6 chiropractic therapy sessions to the right upper back and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 6 SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation Section; ODG Shoulder, Neck and Upper Back Chapters.

Decision rationale: This patient has suffered fractures to several ribs after a fall in a tomato packing plant. The patient has also injured her right shoulder and upper back in the process. The chiropractic care is not being requested to treat the fracture of the ribs, but it is being requested to address the upper back and right shoulder complaints. The ODG Shoulder, Neck and Upper Back Chapters recommend a trial of chiropractic care for the upper back and shoulder "9 visits over 8 weeks." I find that the 6 chiropractic sessions requested to the upper back and right shoulder to be medically necessary and appropriate.