

Case Number:	CM13-0061454		
Date Assigned:	12/30/2013	Date of Injury:	12/01/1989
Decision Date:	04/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Medicine, 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 58-year-old female who reported an injury on 12/01/1989. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation dated 01/06/2014 documented that the patient had persistent right shoulder pain. Physical findings included tenderness to palpation in the bilateral shoulder musculature with tenderness to palpation of the paraspinal cervical musculature with guarding. The patient's diagnoses included left shoulder sprain/strain, thoracic and lumbar spine sprain/strain, cervical spine sprain/strain, bilateral knee patellofemoral arthritis, and status post right shoulder surgery. The patient was also evaluated on 12/19/2013 where it was documented that the patient had previously undergone chiropractic care with successful results. The patient's treatment plan included chiropractic services with a trial of traction and instruction in home traction use.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The Physician Reviewer's decision rationale: The requested 4 chiropractic sessions are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends 1 to 2 visits as appropriate treatment for patients who have had acute exacerbation of symptoms. The clinical documentation submitted for review does indicate that the patient previously had a positive result to chiropractic care. Therefore, an additional 1 to 2 visits would be appropriate for this patient. However, the requested 4 chiropractic sessions exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 4 chiropractic sessions are not medically necessary or appropriate.