

Case Number:	CM13-0064063		
Date Assigned:	01/03/2014	Date of Injury:	12/02/2012
Decision Date:	09/29/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 Acupuncture 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:

Claimant is a 54 year old male who sustained a work related injury on 12/02/2012. His diagnoses are headache, cervical strain/sprain, and thoracic sprain/strain. Per a PR-2 dated 8/19/2013, the claimant is receiving acupuncture and chiropractic treatment. He reports some improvement of his symptoms. There is no change in work restrictions from the prior report. Per a PR-2 dated 11/11/2013, the claimant has completed some chiro and acupuncture with noted improvement. Work restrictions remain the same as prior reports. He has ongoing complaints referable to his neck, back, left shoulder, left elbow, both wrists, and both knees. According to a prior UR review dated 11/21/2013, the claimant had at least 2 chiropractic and 12 acupuncture visits but the total number of rendered treatments is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC CARE FOR THE LEFT SHOULDER (8 VISITS):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an unknown number of chiropractic visits with reported subjective benefit. However the provider failed to document any functional improvement associated with the completion of his chiropractic visits. Work restrictions remain the same from treatment to treatment. Therefore further chiropractic is not medically necessary.