

Case Number:	CM13-0067312		
Date Assigned:	01/03/2014	Date of Injury:	01/01/2005
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Board Certified in Physical Medicine and Rehabilitation, 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 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 52-year-old female who reported a work-related injury on 1/1/05. The mechanism of injury was cutting cloth. The patient was seen for 64 chiropractic visits. The documentation from 5/16/13 revealed that the patient had an increase in pain in the neck and right shoulder. It was indicated that the patient had tried ice, and was taking medications. Objective physical examination revealed that the patient had pain over the right side of the cervical spine muscles, and myospasm. The examination of the right shoulder revealed that the patient had pain on the anterior and posterior aspects of the shoulder and moderate amount of crepitus. The patient's diagnoses include flare-up of cervical spine myospasm with a history of right arm injury and underlying shoulder tear with surgery to the shoulder over three years ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CHIROPRACTIC PHYSIOTHERAPY ON 9/20/13, 9/24/13, 9/26/13, AND 10/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. The clinical documentation submitted for review indicated that the patient had multiple chiropractic visits in the past. There was a lack of documentation of the objective functional improvement to support the necessity for further visits. Additionally, the request as submitted failed to indicate the body part to be treated. Given the above, the request is noncertified.