

Case Number:	CM14-0005399		
Date Assigned:	01/24/2014	Date of Injury:	02/13/2013
Decision Date:	06/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Interventional Spine 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 48 year-old female who reported a cumulative trauma injury on 2/13/2013. She has been diagnosed with cervical radiculopathy; left shoulder impingement syndrome and bilateral moderate carpal tunnel syndrome. According to the 12/17/13 physiatry report from [REDACTED], the patient presents with headaches, left shoulder pain and bilateral carpal tunnel syndrome. There was tenderness at the cervical paraspinals and loss of motion. The plan was for chiropractic care 3x4 for the neck and left shoulder. On 12/31/13 UR modified the request to allow a trial of 6 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT THREE TIMES PER WEEK FOR FOUR WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30, 58.

Decision rationale: The patient presents with neck, left shoulder and bilateral wrist pain. I have been asked to review for initial chiropractic treatment 3x4 for the shoulder and neck. MTUS

guidelines recommends chiropractic care for chronic pain if caused by musculoskeletal conditions. The guidelines did not have recommendations specifically for the neck, or shoulder, but states the time to produce an effect is 4-6 sessions. If there is functional improvement within the first 6 sessions, consideration can be provide to extend the treatment. The request for the initial 12 sessions of chiropractic care, when the guidelines state that 6 sessions is sufficient to start to produce an effect, is not necessary. The request is not in accordance with MTUS guidelines.