

Case Number:	CM14-0005470		
Date Assigned:	02/05/2014	Date of Injury:	07/20/2012
Decision Date:	06/23/2014	UR Denial Date:	12/20/2013
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 Chiropractor 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 injured worker is a 46 year old female who reported a crush injury to her right elbow, wrist, and shoulder on 07/20/2013. The clinical note dated 12/09/2013 reported the injured worker had pain to the neck and headaches with pain radiating to her right arm. The physical exam reported the injured worker had decreased range of motion in her cervical spine with tenderness to palpation. In addition, the clinical note reported the injured worker had a positive Spurling's test on the right. The injured worker's diagnoses include sub-acute injury to the cervical and dorsal spine, rotator cuff tear, and non-organic component. The request for authorization was dated 12/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE NECK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , MANUAL THERAPY & MANIPULATION, Page 58.

Decision rationale: The request for chiropractic treatment two (2) times a week for four (4) weeks for the neck is non-certified. The Chronic Pain Medical Treatment Guidelines, state chiropractic therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Furthermore, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The injured worker had limited documentation to establish a functional deficit. In addition, the request exceeds the guidelines recommended trial visits. Thus, the request is not medically necessary.