

Case Number:	CM14-0008862		
Date Assigned:	02/12/2014	Date of Injury:	02/22/2010
Decision Date:	06/10/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/08/2014

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 licensed in Chiropractic and is licensed to practice in Washington DC. 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 claimant is a 55-year-old male who was involved in a work injury on 12/22/2010. The injury was described as the claimant was lifting heavy sacks of coins for months when he began to notice right shoulder pain and numbness into his hands. On 9/18/2013 the claimant underwent a qualified medical evaluation with [REDACTED]. This report indicates that the claimant's [REDACTED], [REDACTED] recommended a course of physical therapy. On 12/20/2013 the claimant underwent an initial evaluation with [REDACTED], for complaints of right neck and shoulder pain. The claimant was diagnosed with cervical strain and right shoulder impingement syndrome. The recommendation was for a course of chiropractic treatment at 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR THE RIGHT SHOULDER AND CERVICAL SPINE (8 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, state that chiropractic care is recommended as an option. For therapeutic care, a trial of 6 visits over 2 weeks is recommended, and with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The requested 8 treatments exceed this guideline. The previous reviewer opined that an initial trial of 6 treatments would be appropriate as opposed to the 8 sessions that were requested. MTUS guidelines would support an initial trial of 6 treatments. Considering that the requested 8 treatments exceed this guideline, they are not medically necessary.