

Case Number:	CM14-0101171		
Date Assigned:	07/30/2014	Date of Injury:	01/16/2013
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 Chiropractic 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 claimant is a 57-year-old male who was involved in a work injury on 1/16/2013 in which he injured his neck and shoulder. The injury was described as a claimant was attempting to pull and lift himself onto the bed of his work truck. On 8/13/2013 the claimant was evaluated by [REDACTED], for complaints of right neck pain at 5/10 and right shoulder pain at 5-8/10. The claimant was diagnosed with shoulder and cervical sprain/strain. The recommendation was for 6 chiropractic treatments. On 4/8/2014 the claimant underwent a qualified medical reevaluation with [REDACTED]. The claimant was diagnosed with right shoulder sprain/strain, bilateral shoulder impingement, and cervical myofascial pain. This report indicated that the claimant has sought treatment with [REDACTED], on a self-pay basis because it has been denied on an industrial basis. The determination was that the claimant was not permanent and stationary. The recommendation was for a right shoulder MRI, orthopedic consultation for the right shoulder, additional chiropractic treatment, and a home exercise program. On 6/6/2014 [REDACTED] re-evaluated the claimant for complaints of increasing right cervical and right shoulder pain that is moderate and frequent. The recommendation was for 6 chiropractic treatments at one time per month for 6 months. This was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6 visits (1 x per month for 6 months) for right shoulder and cervical:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The MTUS chronic pain treatment guidelines give the following recommendations: Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Requesting treatment at one time per month for 6 months suggests more elective or maintenance type care and as such is not supported for medical necessity. Therefore, the medical necessity for the requested 6 treatments was not established. Such as, Chiropractic x 6 visits (1 x per month for 6 months) for right shoulder and cervical is not medically necessary.