

Case Number:	CM14-0109286		
Date Assigned:	08/01/2014	Date of Injury:	05/30/2001
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/14/2014

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 patient is a 69 year old female with a date of injury of 5/20/2001. According to the progress report dated the patient complained of pain with range of motion and decreased strength. Significant objective findings include positive Hawkins bilaterally, positive upper trapezius spasms, strength 4/5 in the upper extremity, and 4/5 in the lower extremity. The patient was diagnosed with bilateral shoulder impingement and right wrist tendinitis and left ankle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with modalities and exercises, 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60.

Decision rationale: Records revealed that the patient had prior chiropractic care in the past. The provider reported that the patient's symptoms had improved. However, there was no documentation of objective functional improvement. There was no report of improvement in activities of daily living. Therefore, the provider's request for chiropractic once a week for 6 weeks is not medically necessary at this time.

