

Case Number:	CM14-0014455		
Date Assigned:	02/28/2014	Date of Injury:	03/25/2006
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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 Medicine, has a subspecialty in Chiropractic Sports Medicine, 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 injured worker is a 48-year-old who was injured on March 25, 2006 with unknown mechanism of injury. His diagnosis is right rotator cuff syndrome, mononeuritis and brachial radiculitis. The injured worker also complains of neck pain and stiffness however for this complaint was not given a diagnosis. The medical doctors treatment consisted of medications, home exercise and a TENS (transcutaneous electrical nerve stimulation) unit. Additional treatment consisted of two prior recent sessions of chiropractic manipulation with apparent good results according to the UR report. Unfortunately the records do not document if there is objective findings like ROM (range of motion) measurement improvement or increase in functional activities. There is no prior documented treatment from either the medical doctor or the chiropractor from the date of injury to December 2013. No other diagnostic (MRI, EMG [electromyogram]/NCV [nerve conduction velocity]) tests were documented. The medical doctor is requesting 12 chiropractic visits. It appears this request is for the neck and shoulder, however, the UR stated it was only for the right shoulder. The decision in this report does not state the area for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CHIROPRACTIC SESSIONS MANIPULATION AND MOBILIZATION: 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, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINE, ,

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation 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. The request for twelve sessions of chiropractic manipulation and mobilization is not medically necessary or appropriate.