

Case Number:	CM14-0112909		
Date Assigned:	08/29/2014	Date of Injury:	08/08/2012
Decision Date:	11/21/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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:

According to the available medical records, this is a 48 year old male with chronic neck and right shoulder pain, date of injury is 08/08/2012. Previous treatments include medications, TENS unit, acupuncture, physical therapy, and chiropractic. Progress report dated 06/04/2014 by the treating doctor revealed patient with cervical spine pain, 8/10, worse with activity, sharp right shoulder pain, 8/10. Physical exam revealed C5-7 tenderness, positive Soto Hall, positive myospasm, anterior right shoulder and AC Joint tender to palpation. Diagnoses include cervical IVD syndrome, right shoulder sp/st. The rest of the report is hand-written and very difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care for the neck and right shoulder; 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant presents with chronic neck and right shoulder pain that has not been improve with physical therapy, acupuncture, medications, and TENS unit. Although a trial

of 6 chiropractic treatments over 2 weeks, with evidences of objective functional improvement, might be recommend by MTUS guidelines, the request for chiropractic care for the neck and right shoulder, 2 times a week for 6 weeks exceeded the guideline recommendation. Therefore, it is not medically necessary.