

Case Number:	CM14-0119178		
Date Assigned:	08/06/2014	Date of Injury:	07/27/2013
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 57 year old male patient with chronic right shoulder, wrists, knees, neck and back pain, date of injury is 07/27/2013. Previous treatments include chiropractic, medications, epidural injections to the lumbar, right shoulder arthroscopy with rotator cuff repair, physical therapy. Progress report dated 06/18/2014 by the treating doctor revealed patient with pain in his neck 5-6/10, the pain travels through his arms, hands, low back pain 4-5/10, the pain in his low back travels into his legs with sharp pain in his feet, which he described as like stepping on rocks, recent epidural injection alleviated his pain, but he continued to have muscle spasm. Cervical spine exam noted tenderness to palpation and myospasm, limited ROM, sensory deficits in bilateral hands, as well as motor weakness and decreased grip strength. Lumbar spine exam revealed tenderness to palpation and myospasm, restricted ROM. No objective findings noted for the right shoulder. Diagnoses include right shoulder internal derangement, right shoulder pain, right shoulder rotator cuff tear, right shoulder sprain, cervical spine herniated disc, cervical spine pain, cervical spine sp/st and lumbar sp/st. The patient may return to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2 x per Week x 4 Weeks for Right Shoulder, Cervical, Lumbar:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and manipulation.

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

Decision rationale: Reviewed of the available medical records showed this patient has had 8 chiropractic visits authorized from 04/15/2014 to 05/18/2014. The patient actually has experienced increased in neck pain, from a 4/10 on patient progress report dated 04/15/2014 to 5-6/10 on progress report dated 06/18/2014; low back pain and shoulder pain remained the same subjectively and objectively according to the 2 report. Based on the guidelines cited above, there is no evidences of objective functional improvements to support additional chiropractic treatments request. The request is not medically necessary.