

Case Number:	CM14-0126459		
Date Assigned:	08/13/2014	Date of Injury:	05/22/2013
Decision Date:	09/16/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/09/2014

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, has a subspecialty in Pediatric 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 injured worker is a 33 year old individual with an original date of injury of 5/22/13. The patient is being treated for chronic neck and shoulder pain, with diagnoses including: adhesive capsulitis, myositis and chronic shoulder sprain. The patient has been treated with injections, medications and physical therapy. The injured worker has not undergone chiropractic treatments for these injuries. The Guidelines recommend a 9 visit trial of chiropractic care for the neck; therefore the request is in excess of the Guidelines and was modified. The disputed issue is a request for 12 additional chiropractic treatments. An earlier Medical Utilization Review made a modified determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) . Neck and Upper Back. Acute and Chronic.

Decision rationale: The CA MTUS Guidelines do not specifically refer to Chiropractic treatment for the shoulder; therefore Official Disability Guidelines are utilized. The ODG recommends Chiropractic treatment for the neck and shoulder with a 9 visit trial. The request is excessive to the Guidelines. The request for 12 chiropractic treatments is not medically necessary.