

Case Number:	CM14-0134539		
Date Assigned:	08/27/2014	Date of Injury:	05/30/2014
Decision Date:	09/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 53 year old female who sustained a work injury on 5-30-14. Office visit on 7-31-14 notes the claimant complained of neck pain more on the right side and right shoulder pain radiating to the right hand. On exam, there was pain to palpation, positive cervical compression test. Range of motion of the right shoulder was normal but with pain at end of motions. There is a request for chiropractic therapy to the right shoulder and cervical spine. The claimant was provided a diagnosis of cervical sprain/strain, shoulder sprain/strain and myofasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with physiotherapy for the neck and right shoulder, once weekly for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that manual therapy and manipulation is Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. It is noted that time to produce effect is 4-6 treatments. Prior forms of treatment have not been documented and results from prior treatment not provided. Additionally, the request exceed current treatment guidelines and documentaiton as to the medical necessity for manipulation for the soft tissue injuries at this juncture, over three months after the original injury was not provided. Therefore, the medical necessity of this request is not established.