

Case Number:	CM14-0138557		
Date Assigned:	09/05/2014	Date of Injury:	03/10/2009
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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, has a subspecialty in Acupuncture 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:

The injured worker is a 50-year-old female who reported an injury due to an unknown mechanism on 03/10/2009. On 08/04/2014, her diagnoses included bilateral shoulder impingement and cervical strain. She presented with radicular symptoms of both upper extremities and cervical spasms. The treatment plan included physical therapy 2x6 weeks and chiropractic 2x4 weeks. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy sessions to the right shoulder with modalities (unspecified) and exercises, 2x4 weeks, as an outpatient: Upheld

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

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

Decision rationale: The request for 8 Chiropractic therapy sessions to the right shoulder with modalities (unspecified) and exercises, 2x4 weeks, as an outpatient is not medically necessary. The California MTUS Guidelines recommend chiropractic treatment for chronic pain if caused

by musculoskeletal conditions. The intended goal or effect of manual medicine 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 treatment parameters include frequency of chiropractic treatments of 1 to 2 times a week for the first 2 weeks, as indicated by the severity of the condition. Treatment may then continue at 1 treatment per week for the next 6 weeks. Effects should be noted in 4 to 6 treatments. The requested 8 visits on a schedule of 2 visits for 4 weeks exceeds the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for chiropractic treatment. Therefore, this request for 8 Chiropractic therapy sessions to the right shoulder with modalities (unspecified) and exercises, 2x4 weeks, as an outpatient is not medically necessary.