

Case Number:	CM14-0139372		
Date Assigned:	09/05/2014	Date of Injury:	11/04/2013
Decision Date:	11/04/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 30 year old male with chronic neck and left shoulder pain, date of injury is 11/04/2013. Previous treatments include medications, chiropractic, TENS, physical therapy and home exercise program. Progress report dated 07/24/2014 by the treating chiropractor revealed patient with constant moderate neck pain, constant moderate left shoulder pain and radiating pain to the left hand. Objective findings include painful and limited ROM of the cervical spine and left shoulder (cervical rotation on the right improved from 45 to 60 degrees, shoulder depressor positive on the left, digital palpation reveals pain and myospasm in the cervical paraspinal muscles and in the left shoulder, positive Apprehension test on the left. Diagnoses include cervicgia, cervical disc bulge/protrusion/herniation, and pain in shoulder joint. The patient has returned to modified work per primary treating doctor.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC THERAPY 1XWK X 8WK NECK AND LEFT SHOULDER: Upheld

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

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

Decision rationale: The claimant presents with chronic neck and left shoulder pain. Reviewed of the available medical records showed the claimant has completed 16 chiropractic sessions to date. There is document of some subjective pain improvement and increased in cervical rotation from 45 degrees to 60 degrees. However, there is no other improvement in the patient's physical exam when comparing chiropractic progress report dated 07/24/2014 and 04/22/2014. The request for additional 8 chiropractic visits also exceeded the guideline recommendation for 18 visits over 6 to 8 weeks. Therefore, it is not medically necessary.