

Case Number:	CM14-0150971		
Date Assigned:	09/19/2014	Date of Injury:	04/10/2006
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation 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 65-year-old female who reported an injury on 04/10/2006. The injured worker reportedly sustained an injury while carrying a heavy ladder. Previous conservative treatment is noted to include trigger point injections, physical therapy, medication management, and a functional restoration program. Current diagnoses include other syndromes affecting the cervical region, pain in a joint of the lower leg, and depressive disorder. The current medication regimen includes amitriptyline, Lyrica, Norco, cyclobenzaprine, Flector patch, and Topamax. The injured worker was evaluated on 07/08/2014. Physical examination was not provided on that date. Treatment recommendations included an MRI of the right knee, 6 sessions of chiropractic therapy for the bilateral shoulders, and massage therapy. A Request for Authorization form was then submitted on 07/17/2014 for chiropractic treatment for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2wk x 6 wks bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Manipulation.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. The Official Disability Guidelines recommend manipulation for a sprain/strain of the shoulder and upper arm, to include 9 visits over 8 weeks. The current request for 12 sessions of chiropractic treatment exceeds guideline recommendations. There was also no physical examination provided on the requesting date. Therefore, the medical necessity has not been established. As such, the request for Chiropractic 2wk x 6wks bilateral shoulders is not medically appropriate at this time.