

Case Number:	CM14-0155849		
Date Assigned:	09/25/2014	Date of Injury:	05/10/2012
Decision Date:	11/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Acupuncture 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 patient is reported to be a 57 year old male with a reported date of injury of 5/10/2012. The claimant reportedly awoke with neck and shoulder pain. His past medical history of care includes right shoulder arthroscopic surgery on 10/9/12, 38 physical therapy sessions and 80 hours of work hardening. MRI cervical imaging of 11/4/13 reported multilevel degenerative changes and 1-2mm bulges. The DFR of 8/21/14 reports the patient with decreased cervical ROM, right shoulder ROM decrease; VAS: 4-8/10 cervical and right shoulders 7/10. Denial of requested Chiropractic was based on the reviewer's opinion that the patient's condition was extremely chronic and unclear whether the patient was a candidate for manipulation. Findings of the diagnostics ordered by the patient physician were needed to determine if manipulation as requested was prudent and medically necessary. ODG Guidelines were offered as support for denial given that the initial trial of care is 6 visits versus the 12 requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009 . Decision based

on Non-MTUS Citation Cervical Spine Work Loss Data Institute, ODG® Treatment in Workers Compensation, 5th Edition, 2010. ODG Chiropractic Guidelines - Regional Neck Pain: 9 visits over 8 weeks Cervical Strain (WAD): Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks Moderate (grade II): Trial of 6 visits over 2-3 weeks

Decision rationale: The patient is reported to be a 57 year old male with a reported date of injury of 5/10/2012. The claimant reportedly awoke with neck and shoulder pain. His past medical history of care includes right shoulder arthroscopic surgery on 10/9/12, 38 physical therapy sessions and 80 hours of work hardening. The 8/21/14 request for Chiropractic care to manage cervical and shoulder residuals following a reported industrial exposure of 5/10/12, although reasonable for a specific protocol of care, exceeds referenced ODG/CAMTUS Treatment Guidelines. There is no medial reasoning in the reviewed documents to exceed the guidelines recommended initial trial of care, 6 sessions. Therefore the request is for denial.