

Case Number:	CM14-0169557		
Date Assigned:	10/17/2014	Date of Injury:	09/16/2011
Decision Date:	12/09/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/14/2014

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 Chiropractic Sports Physician 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 29 year old female who was injured while lifting a bag of onions. She injured her neck and right shoulder. She was diagnosed with Cervicalgia, right shoulder rotator cuff syndrome. She has apparently had 2 surgeries to the right shoulder. She has received treatment of medications, chiropractic and physical therapy to her neck and shoulder. No amount of previous treatment has been documented and how the patient has responded with objective measurable findings has been given. An MRI of the Cervical spine on 6/6/14 revealed DJD at C3-4, C4-5, and C5-C6 with disc bulges 1-2mm at these levels. The doctor is requesting Chiropractic treatment to the Cervical spine 2 weeks times 3 visits. The notes stated that the request was for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (6-sessions, 2 times per weeks for 3 week, to Right Shoulder to include manipulation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Shoulder, Manipulation.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 58&59.

Decision rationale: The amount of previous treatment and the patient's response has not been clearly documented. According to the MTUS Chronic Pain Guidelines listed above, the doctor must document objective medical gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. This has not been done. Therefore, cervical spine chiropractic treatment is not medically necessary.