

Case Number:	CM14-0174958		
Date Assigned:	10/28/2014	Date of Injury:	10/20/2011
Decision Date:	12/04/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/22/2014

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 55 year old female who was injured on 10/20/11 while trying to break up a fight between students. She apparently injured her neck, both shoulders, little finger. She has had other dates of injury on 12/14/06, and 03/11/10 involving other areas of injury. She works as a "school aid". She was diagnosed with cervicalgia and cervical radiculitis. She has apparently been treated with medications, physical therapy, and chiropractic for her cervical spine. She has also had shoulder surgery on 2/13/14. A MRI of the cervical spine on 1/20/09 revealed 2 levels of disc protrusion at C5-6 and C6-7 but no recent MRI after the most recent date of injury on 10/20/11. EMG studies on 1/19/09 revealed mild acute denervation in the right supraspinatus muscle. The NCV study on 1/19/09 revealed right median neuropathy across the wrist with mild sensory involvement. The doctor is requesting chiropractic care 1 time per week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions one time a week for twelve weeks for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The amount of visits in the time frame requested is not according to the above MTUS guidelines. Also the records do not reflect the amount of previous chiropractic care and how the patient responded to care using objective measurable gains. According to the MTUS chronic pain guidelines the doctor must show objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therefore the treatment requested is not medically necessary.