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| Case Number: | CM14-0176419 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 08/20/2014 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

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 Chiropractor 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 claimant is a 63-year-old female who was involved in a work injury on 8/20/2014. On 10/6/2014 the claimant presented to the office of [REDACTED] complaining of frequent moderate to occasionally severe pain in both shoulders radiating to the arms, scapula and elbows. The claimant was diagnosed with bilateral shoulder strain with bilateral impingement, bilateral frozen shoulder and right wrist DeQuervains. The recommendation was for a functional capacity evaluation, initial trial course of chiropractic treatment to the bilateral shoulders, lumbar spine and right wrist at 3 times per week for 4 weeks, interferential unit, and lumbar supports. A peer review was performed on 10/13/2014 by [REDACTED]. The request was modified from 12 treatments to 9 treatments based on ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist and Lumbar Spine Chiropractic Treatment 3xWk x 4Wks Bilateral Shoulder:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation, and Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-299.

Decision rationale: ACOEM guidelines chapter 12, page 298 indicates that "manipulation appears safe and effective in the first few weeks of back pain without radiculopathy." Page 299 indicates that "if manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated." The requested 12 treatments are consistent with this guideline. The previous reviewer inappropriately applied ODG guidelines. At the time of this request ACOEM guidelines were appropriate. Given the clinical findings on the initial examination a course of 12 chiropractic treatments could be considered appropriate. Therefore, I recommend certification of the requested 12 treatments.