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| Case Number: | CM14-0182304 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 06/02/1999 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 Emergency Medicine 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 51 year-old female, who sustained an injury on June 2, 1999. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: chiropractic. The current diagnoses are: AC sprain, shoulder strain/sprain. The stated purpose of the request for Chiropractic with physiotherapy 8 visits was to treat a flare-up of symptoms. The request for Chiropractic with physiotherapy 8 visits was denied on October 6, 2014, citing a lack of documentation of functional improvement. Per the report dated September 29, 2014, the treating physician noted complaints of shoulder pain and paresthesias to the arm and hand. Exam findings included reduced shoulder and arm range of motion with tenderness to the rhomboids and trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with physiotherapy 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The requested Chiropractic with physiotherapy 8 visits is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has shoulder pain and paresthesias to the arm and hand. The treating physician has documented reduced shoulder and arm range of motion with tenderness to the rhomboids and trapezius. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, therefore, chiropractic with physiotherapy 8 visits is not medically necessary.