

Case Number:	CM14-0024728		
Date Assigned:	03/19/2014	Date of Injury:	07/25/2005
Decision Date:	04/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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, 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 a 55 year old female who sustained injuries to her neck and shoulder on 7/25/05 while performing her duties as a nurse. Per the primary treating physician's PR-2 report dated 9/18/13, the patient reports her pain as constant and severe with 5/10 pain in the right shoulder and neck. The patient has been treated with medications, an intramuscular injection, physical therapy, and chiropractic care. There are no diagnostic or imaging studies in the records provided. Diagnoses assigned by the primary treating physician are cervical sprain/strain and shoulder and upper arm sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 X 4 TO CERVICAL/ RIGHT SHOULDER WITH

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient suffers from a chronic injury to her neck and shoulder. Per the records provided, she is working full duty. The PR-2 reports provided for review present no

objective functional improvement with the care rendered. There are no chiropractic records available to present documentation of care; however, the patient has received 26 sessions of chiropractic care in 2013 per the primary treating physician's PR-2 report. In the absence of objective functional improvement per MTUS the additional care is not warranted. The MTUS defines functional improvement as a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, and a reduction in the dependency on continued medical treatment. The Official Disability Guidelines also indicate that for continued treatment, evidence of objective functional improvement must be present. Given that there has been no evidence of objective functional improvement with the chiropractic care rendered, the request for additional chiropractic sessions for the neck and right shoulder are not medically necessary and appropriate.