

Case Number:	CM14-0034042		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2013
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 61year old female who was injured at work. The records do not indicate how the injury occurred. The diagnosis are: Brachial neuritis/radiculitis, shoulder impingement, ulnar nerve lesion, right elbow epicondylitis and right carpal tunnel syndrome. Her treatment has consisted of medication chiropractic treatment (with no specified amount to date), right shoulder injection in the subacromial-subdeltoid bursa was completed on 12/20/2013. According to the 11/21/2013 PR-2 report from the medical doctor the injured worker received a MRI on unknown date of the cervical spine which revealed multiple levels of disc buldges but no nerve encroachment. The EMG/NCV of the upper extremities of unknow date revealed a right mild carpal tunnel syndrome. On 12/02/2013 the medical doctor requested that the injured worker needs a MRI of the cervical spine and right shoulder. On 3/06/2014 the PR-2 of the medical doctor stated the injured worker completed chiropractic treatment which reduced pain a little bit. The injured worker is on TTD since the beginning of the injury as the employer cannot provide restricted work duties. The medical records provided do not show the initial request for additional chiropractic treatment. In the UR doctors report of 2/26/2014 the request had been made for chiropractic treatment of 3 times per week for 4 weeks to the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 3 x 4 Cervical and Right Shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck and Upper Back and Shoulder.

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

Decision rationale: The medical doctor has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition the amount of chiropractic treatment requested does not follow the Chronic Pain Medical Treatment Guidelines listed above. The requested treatment of 3 times per week for 4 weeks is not medically necessary.