

Case Number:	CM14-0037056		
Date Assigned:	06/25/2014	Date of Injury:	05/25/2012
Decision Date:	07/23/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 Chiropractics, 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 65-year-old female who was injured on 5/25/12 when she was attacked from behind by another patient while helping her boss with a patient he was assisting into the bathroom. She was hit with fists from behind in the right scapula and neck area. Treatment has consisted of medications, creams, and physical therapy and home exercises with no documented amounts of treatment including previous chiropractic care. She has had a psychological evaluation as well. On 3/18/14, a MRI on the right shoulder revealed a marked tendinosis of the supraspinatus tendon with a partial thickness bursal tear in the anterior leading edge off the tendon at its humeral insertion. Tendinosis of the long head of the biceps. Moderate A-C joint arthrosis. Small amount of fluid in the subacromial subdeltoid bursa. On 3/18/14 a MRI of the cervical spine revealed acentral disc protrusion at C4-C5, which is minimally impinging on the ventral spinal cord. Right disc protrusion at C5-C6 impinging on right C6 nerve as it exits the intervertebral foramen. On 3/10/14 an EMG/NCV study revealed the results to be Cervical radiculitis vs. Peripheral nerve compression. On 9/14/13, a MRI of the right shoulder revealed supraspinatous tentinosis, DJD acromialclavicular joint and minimal subacromial bursitis. On 9/14/13, a MRI of the right wrist revealed a ganglion cyst at the volar aspect of the radiocarpal joint and a small cyst at the triquetrum. She has complications of diabetes and hypertension. The medical doctor is requesting 2 treatments/ week for 6 weeks of chiropractic manipulation to the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 6wks Neck/Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58, 59.

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

Decision rationale: The requested treatment is denied of 2 x week x's 6 weeks because it does not follow the MTUS Chronic Pain Guidelines as listed above.