

Case Number:	CM14-0037112		
Date Assigned:	06/25/2014	Date of Injury:	06/04/2012
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
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 Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 06/04/2012. The mechanism of injury was not provided. On 02/19/2014, the injured worker presented with right shoulder, neck, and low back pain. Prior treatment included use of a transcutaneous electrical nerve stimulation (TENS) unit, 16 chiropractic visits, hydrotherapy, surgery, and medications. Upon examination, there was tenderness along the rotator cuff, a positive impingement sign, and subluxation of the sternoclavicular joint to the right side. The diagnoses were discogenic cervical condition with radicular component along the upper extremity, impingement syndrome of the shoulder on the right with acromioclavicular joint involvement and anterior subluxation, mild impingement syndrome of the shoulder on the left for which there had been no treatment, discogenic lumbar condition for which there had been no treatment, and an element of depression. The provider requested additional chiropractic therapy. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule, Section Definition, and Non-MTUS: Official Disability Guidelines (ODG), Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for additional chiropractic therapy is non-certified. The California MTUS Guidelines recommend that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The MTUS guidelines recommend a trial of six visits over two weeks, and with evidence of objective functional improvement, a total of up to 18 visits over six to eight weeks. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy, to include increased function and decreased medication. The documentation stated that the injured worker has had at least 18 chiropractic visits with some relief; however, there was no quantifiable measurable baseline to measure the efficacy of the chiropractic treatment. The provider's request did not indicate the amount of chiropractic visits or the frequency, and the site that the chiropractic therapy was intended for in the request. As such, the request is non-certified.