

Case Number:	CM14-0044289		
Date Assigned:	06/20/2014	Date of Injury:	03/18/2011
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 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:

According to the available medical records, this is a 30 years old female patient with chronic neck and left shoulder pain, date of injury 03/18/2011. Previous treatments include medications, left shoulder injection, left shoulder surgery, physical therapy, chiropractic and acupuncture. Progress report dated 02/04/2014 by the treating doctor revealed cervical spine and left shoulder pain 7-8/10. C/S AROM: flexion 40, ext. 30, left and right lateral flexion 30, left and right rotation 60. Tender to palpation on bilateral paravertebral, trapezius, scaleneus, SCM and levator scap. Positive compression and distraction. Left shoulder AROM: decreased with sharp pain, worsen with cold weather, positive impingment. Tender to palpation left deltoid, trap, scaleneus. Patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK X 3WKS CERVICAL AND LEFT SHOULDER: Upheld

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

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

Decision rationale: Review of medical records noted the patient has had physical therapy, acupuncture and chiropractic treatments before. However, there is no document of functional improvement and home exercise/self management programs. The patient also has been back to work. Based on the guideline cited above, the request for additional visits 2x3 is not medically necessary.