

Case Number:	CM14-0050435		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2013
Decision Date:	07/18/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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, 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 25 year old male who was injured on 8/30/13 when a metal bar fell on the patient hitting his spine, neck and left shoulder. After the medical doctors exam the following diagnoses were given: Cervical myospams and disc dessication, Left shoulder strain/sprain, left shoulder effusion, cervical spine strain/sprain, levator scapula syndrome. On 11/15/13 a MRI of the left scapula was unremarkable. A MRI of the left shoulder on 11/15/13 revealed a minimal glenohumeral joint effusion. On 11/15/13 a MRI of the cervical spine revealed straightening of the cervical curve and disc dessication. Exiting nerve roots were unremarkable. Treatment has consisted of medications, 31 acupuncture treatments, and 8 chiropractic visits which have not shown any measureable gains in functional improvement. No light duty is available and the injured worker remains total temporary disabled. The medical doctor is requesting Chiropractic manipulation of the cervical spine and left shoulder at 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times 6 to neck/left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 203.

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

Decision rationale: The Chiropractic manipulation for the cervical spine and left shoulder are not medically necessary as the medical records do not reveal objective measureable gains in functional improvement that facilitate progression in the patients's therapeutic exercise program and return to productive activities per the MTUS Chronic Pain guidelines.