

Case Number:	CM14-0057647		
Date Assigned:	07/09/2014	Date of Injury:	11/02/2011
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 Care and Acupuncture, and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 11/02/2011. The mechanism of injury was not provided in the medical records. Her diagnosis included right rotator cuff tear and cervical degenerative joint disease. Her previous treatments included chiropractic treatment. In the clinical note dated 02/03/2014 the injured worker reported that she continued to have cervical pain with radicular symptoms. She reported she had completed 6 visits of chiropractic treatment with noted improvement. On physical examination, the physician noted she had positive trapezius spasms, positive radiculopathy, and pain with cervical mobility. On evaluation of the right shoulder, the range of motion was 180 degrees flexion and 70 degrees extension. Per the clinical note dated 03/10/2014, the injured worker reported to have continued neck and shoulder discomfort. On physical examination, the physician indicated there was positive trapezius spasms, positive periscapular pain, positive radiculopathy, and positive Spurling's test. On examination of the cervical spine, the range of motion with extension was 20 degrees, flexion 25 degrees, and rotation 75 degrees. The treatment plan included a recommendation for chiropractic treatments, 8 visits. The rationale for the request was not provided. The request for authorization was provided on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic treatments, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines state manual and manipulation therapy are recommended for chronic pain if caused by a musculoskeletal condition. 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 patient's therapeutic exercise program and return to productive activities. The guideline recommendation for treatment includes a trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. The clinical documentation provided indicated the injured worker had completed prior chiropractic sessions. However, there was no documentation to indicate evidence of objective functional improvement. As such, the request is not medically necessary.