

Case Number:	CM14-0069365		
Date Assigned:	07/14/2014	Date of Injury:	10/20/2012
Decision Date:	09/23/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 50 year old female who was injured at work on 10/20/2002. She complains of shooting and throbbing pain in the left side of the head; 6- 8/10 sore and aching pain in both shoulders, right more than left. The pain travels to the biceps limiting her from moving her arms; she had 6-8/10 sore pain in her fingers and thumbs, 6-8/10 pain in her neck and upper back. The physical examination was positive for slow guarded gait; mild limitation of bilateral shoulder range of motion; tenderness in the bilateral shoulders; positive impingement and cross body tests. She was noted to have motor deficit in the right deltoid and biceps, positive drawer test in the right knee, positive McMurray test in the left knee. She was diagnosed of cervical sprain and strain, cervical disc displacement without myelopathy, shoulder sprain and strain, thoracic sprain and strain, Internal derangement of joint shoulder region -rule out, unspecified disorder of tendon and bursa shoulder region, sprain strain hand, Internal derangement of hand, unspecified sleep disturbance, unspecified acute stress reaction, Anxiety state unspecified, Carpal tunnel syndrome, right borderline, incidentally noted on 03/28/ 2013 NCV/SSEP. The MRI of left shoulder of 01/30/2014 was positive for subacromial bursitis, postoperative changes; MRI right shoulder was positive for full thickness tear of the rotator cuff involving the supraspinatus, suspicion of labral injury and arthropathy of the acromion. During a consultation with an orthopedist on 02/20/2014, she was recommended for chiropractic treatment two times a week for six weeks. At dispute is the Retrospective Request for Additional Chiropractic Treatment 2x/Week for 6/Weeks Dated 3/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Additional Chiropractic Treatment 2x/Week for 6/Weeks Dated 3/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 10/20/2002. The medical records provided indicate the diagnosis of cervical sprain and strain, cervical disc displacement without myelopathy, shoulder sprain and strain, thoracic sprain and strain, Internal derangement of joint shoulder region -rule out, unspecified disorder of tendon and bursa shoulder region, sprain strain hand, Internal derangement of hand, unspecified sleep disturbance, unspecified acute stress reaction, Anxiety state unspecified, Carpal tunnel syndrome, right borderline. Treatments have included Chiropractic care. The medical records provided for review do not indicate a medical necessity for additional chiropractic care. The MTUS does not recommend chiropractic care for, upper back, hands, knees, and shoulders. The request is not specific: the injured worker has problems in the neck, and low back. Of all these areas listed, the only area recommended by the MTUS guideline for chiropractic care is the low back. The Low back recommendation is as follows: recommended as an option, with a therapeutic trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Therefore, based on the fact that the request was non- specific, and the fact that the injured worker did not have a documented evidence of improvement in the trial phase, the request is not medically necessary.