MAXIMUS Federal Services

Case Number:	CM14-0070035		
Date Assigned:	07/14/2014	Date of Injury:	07/11/2013
Decision Date:	08/12/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 20 year old female who was injured on 07/11/13 while working at the drive through window, passing orders and collecting money, when she felt a pulling sensation in her neck and left shoulder. She has received physical therapy, medications, and chiropractic care. She has at least had 12 visits of chiropractic care with apparent physical therapy. On 09/09/2013, x-rays of the left shoulder were normal. On 09/10/2013, x-rays of the cervical spine revealed straightening of the normal cervical curve. On 10/22/2013, an MRI of the cervical spine was unremarkable. On 10/25/2013, an EMG/NCV study of the upper extremity was normal. On 01/22/2014 an MRI of the left shoulder revealed a flat, laterally down slopping Acromion, supraspinatus tendinosis, infraspinatus tendinosis, long head of the biceps tendon tenosynovitis. Her work restrictions have not changed much since the initial injury. From the 9/25/2013 visit to the 12/24/2013 visits with the chiropractor, the range of motion has increased from 80% to 90-95% in the cervical spine and left shoulder. The chiropractic doctor seems to be requesting 6 chiropractic visits with physical therapy/rehabilitation over an unspecified period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/ physiotherapy Rehabilitation (97250,97014,97016): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Neck & Upper Back, Low Back.

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

Decision rationale: The chiropractic doctor has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition the amount of chiropractic treatment requested does not follow the MTUS Chronic Pain guidelines listed above. The range of motion has not improved significantly since the injured workers visit on 11/24/2013 and the work restrictions have not change significantly. According to the MRI results the left shoulder is the major source of pain and probable radicular symptoms. The requested treatment of requesting 6 chiropractic visits with physical therapy/rehabilitation is not medically necessary.