

Case Number:	CM14-0074530		
Date Assigned:	07/16/2014	Date of Injury:	04/01/2001
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/21/2014

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 48 year old female who was injured on 4/1/01 by way of cumulative trauma. No job description was found. She has suffered from neck pain, right shoulder pain, and radicular pain to the right upper extremity. She has been diagnosed with multi-level cervical degenerative joint disease, and right rotator cuff syndrome/tendonitis. According to the records she is permanent and stationary with future medical. Past treatment has included physical therapy, chiropractic manipulation, massage, and a home exercise program with no objective measurable gains in functional improvement. An MRI of the cervical spine was completed on 2/22/08, revealing multi-level degenerative joint disease, but the full detailed report was not available for review, nor was there any updated MRI for review to better understand the patients present condition. The original EMG/NCV was not available for review from 12/15/09, but was apparently normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Treatment/Myofascial Release Therapy for the Right Shoulder/Upper Arm, 2 times a week for 3 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 Page(s): 58-59.

Decision rationale: The medical 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 Medical Treatment Guidelines recommendations. As such, the request is not medically necessary.