

Case Number:	CM14-0077330		
Date Assigned:	07/18/2014	Date of Injury:	04/05/2010
Decision Date:	10/14/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine 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 55 year old male whose date of injury is 04/05/2010. The mechanism of injury is described as repetitive job duties. The diagnoses are cervical spine sprain and strain and right shoulder sprain and strain. The treatment to date includes physical therapy x 24 visits and acupuncture x 10 visits. It does not appear that the injured worker has undergone any prior chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x week for 4 weeks for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-59.

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

Decision rationale: Based on the clinical information provided, the request for chiropractic 3 x week for 4 weeks for the cervical spine and right shoulder is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. California medical Treatment Utilization Schedule guidelines would support an initial trial of 6 visits of chiropractic treatment to establish

efficacy of treatment. The injured worker's compliance with an active home exercise program is not documented. Therefore the request is not medically necessary.