

Case Number:	CM14-0088385		
Date Assigned:	07/23/2014	Date of Injury:	12/20/2011
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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, has a subspecialty in Pediatric Chiropractic 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 50 year old individual with an original date of injury of 12/20/11. The mechanism of injury occurred when the patient was doing repetitive continuous and intense pulling of upholstery material with the left arm and then stapling the material to furniture pieces using a staple gun in his right hand. Diagnoses include cervical disc disease and partial tear of the rotator cuff tendon. X-Rays of the left shoulder were negative, but an MRI indicated inflammation of the shoulder tendons. The patient had left shoulder surgery 3/27/14. The injured worker has undergone 15 approved chiropractic treatments without documented objective, functional improvement. The disputed issue is a request for 6 additional chiropractic treatments for the left shoulder and cervical spine, with sessions 2 times a week for 3 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X WK X 3 WKS FOR THE LEFT SHOULDER, CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

(ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, NECK AND UPPER BACK, MANIPULATION CERVICAL NERVE ROOT COMPRESSION WITH RADICULOPATHY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Neck and Upper Back. Cervical Nerve Root Compression with Radiculopathy.

Decision rationale: CA MTUS does not clearly address chiropractic care for the neck and shoulder. Official Disability Guidelines are referenced, which recommend a trial of 6 visits over 2-3 weeks. With improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care. There is insufficient documented objective, functional improvement from the previous chiropractic treatment. The request for 6 additional chiropractic treatments for the left shoulder and cervical spine, with sessions 2 times a week for 3 weeks is not medically necessary.