

Case Number:	CM14-0193615		
Date Assigned:	12/01/2014	Date of Injury:	09/16/2005
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 and Acupuncture, 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:

This 57 year old female sustained a work related injury on 9/16/2005. The current diagnoses are cervical and left shoulder sprain/strain. According to the progress report dated 10/29/2014, the injured workers chief complaints were cervical and left shoulder pain, 7/10 on a subjective pain scale. The physical examination revealed decreased range of motion of the cervical spine. Cervical paraspinal muscles were tense and tender. Left shoulder had decreased range of motion and was tender to palpation. On this date, the treating physician prescribed 6 sessions of chiropractic therapy, which is now under review. The treating physician did not describe any specific reasons for prescribing the chiropractic care. The injured worker was previously treated with rest, medications, transcutaneous electrical nerve stimulation (TENS), and aquatic therapy. No diagnostic imaging reports were specified in the records provided. On 1/24/2014, a request for chiropractic evaluation and treatment (6 sessions) to the cervical spine is noted; however, there are no reports of specific dates of service or results. When chiropractic was first prescribed work status was modified. Restrictions were to reduce the number of units to clean to 12 per day. On 11/6/2014, Utilization Review had non-certified a prescription for 6 sessions of chiropractic therapy. The chiropractic care was non-certified based on insufficient documentation of treatment already received. The California Medical Treatment Guidelines and Official Disability guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation

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

Decision rationale: It is unclear if the patient has had prior chiropractic treatments or if the request is for initial trial of care. On 1/24/2014, a request for chiropractic evaluation and treatment (6 sessions) to the cervical spine is noted; however, there are no reports of specific dates of service or results. Provider requested additional 6 chiropractic sessions. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with chiropractic already approved/rendered that would substantiate a medical indication for additional care. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 6 chiropractic visits are not medically necessary.