

Case Number:	CM14-0195815		
Date Assigned:	01/07/2015	Date of Injury:	02/15/2014
Decision Date:	02/28/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 patient is reported to be a 53-year-old female with a 2/15/14 date of injury; claimant was working as a station agent for [REDACTED] on a train that was involved in a fatal accident; the claimant was thrown forward injuring multiple body parts. [REDACTED] was the initial treating facility followed by [REDACTED] is managing the patient's rotator cuff tear. Records reflect post op PT for rotator cuff surgery certified on 8/1/14 continuing through 10/16/14 when additional PT 12 visits were certified. This was accompanied by a request for Chiropractic care, 10 visits for cervicalgia per [REDACTED]. Imaging of the lower back, PT for pain and TENs for the rotator cuff regions were added to the request. On 10/23/14 a UR determination was issued certifying a modified plan of Chiropractic care from the requested 10 visits to 6 per referenced CAMTUS Treatment Utilization Schedule. Requested PT was also certified on 10/16/14 for continued management of the post-op left shoulder repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 x 5 weeks, cervical/lumbar/left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipul.

Decision rationale: The request for Chiropractic care from [REDACTED] dated 10/16/14 was for management of cervicgia, 10 sessions. The UR determination of 10/23/14 certified implementation of Chiropractic care for 6 sessions of the 10 requested. The modification was in compliance with CAMTUS Chronic Treatment Guidelines that support chronic cases where manipulation is considered reasonable and necessary. CAMTUS Chronic Treatment Guidelines support as an initial trial of care 6 sessions versus the 10 requested. The modified plan of care, 6 sessions was reasonable and consistent with referenced CAMTUS Chronic Treatment Guidelines.