

Case Number:	CM14-0198474		
Date Assigned:	12/08/2014	Date of Injury:	04/06/2010
Decision Date:	01/22/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Chiropractor (DC) 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 patient is a 56 year old female who injured her face, neck, right shoulder, upper back and lower back on 04/06/2010 as a result of a trip and fall incident. The patient suffered a skull fracture. In his progress report the primary treating physician lists the chief complains as follows: "The patient returns today for a follow up. Since the last examination she feels worse and complains of headaches, neck, back and shoulders pain rated 9/10. The pain radiates to eyes, jaws, chest, ribs, bilateral buttocks, upper arm, forearm, elbow, hand, right wrist, fingers, hip, leg, thigh, knee, ankle and foot."The patient has been treated with medications, home exercise program, physical therapy, massage therapy, right shoulder surgery, stretching exercises and epidural injections. The diagnoses assigned by the primary treating physician are partial right shoulder rotator cuff tear, right shoulder acromioclavicular joint osteoarthritis, cervical DJD and lumbar myospasm. An MRI study of the cervical spine has shown spinal stenosis and bilateral neural foraminal stenosis at C4-5 with C5-6/C6-7 neural foraminal narrowing on the left. An NRI of the right shoulder has confirmed partial tear of the supraspinatus. The PTP is requesting an initial trial of 8 chiropractic sessions to unspecified body region(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 8 sessions (unspecified body part): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back and Shoulder Chapters, Manipulation Sections

Decision rationale: Per the review material provided no chiropractic care sessions have been rendered to this patient in the past and hence, records of prior chiropractic care do not exist in the materials provided for review. The patient has suffered a traumatic fall injury and injured several body regions. The PTP has not specified the body regions to which chiropractic is to be rendered. The body regions that have suffered musculoskeletal injuries are the right shoulder (status post-surgery), neck and lower back. The MTUS ODG Neck and Upper Back, Shoulder and Low Back Chapters recommend a trial of chiropractic care 6 sessions over 2 weeks. The requested trial of 8 sessions are reasonable with the MTUS recommendations to all mentioned body regions and do not exceed this recommendation by a large margin. The requested is medically necessary and appropriate.