

Case Number:	CM14-0208181		
Date Assigned:	12/22/2014	Date of Injury:	04/23/2009
Decision Date:	02/25/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 57 year old male with chronic low back and shoulder pain, date of injury is 04/23/2009. Previous treatments include medications, physical therapy, left shoulder surgery, and home exercises. Treating doctor's first report with no dated from the requesting doctor revealed patient complains of lumbar spine and shoulder pain. Physical examination revealed positive Milgram, positive Kemps, positive Speeds, positive Anterior Apprehension, and muscle weakness +4/5, some part of the exam findings are hand written with poor copy quality and very difficult to read. Diagnoses include lumbar and shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT (chiropractic manipulative therapy) 1-2 x per week x 6 weeks with Heat, EMS, and ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59, 123.

Decision rationale: The claimant presented with chronic low back pain and left shoulder pain. There are limited treatment records for the lumbar spine. While a trial of 6 chiropractic treatments over 2 weeks might be recommended by MTUS guidelines for chronic low back pain, ultrasound is not recommended. Therefore, the request is not medically necessary.