

Case Number:	CM15-0107984		
Date Assigned:	06/12/2015	Date of Injury:	06/26/2012
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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 injured worker is a 36 year old female, who sustained an industrial injury on 6/1/2012. Diagnoses have included left shoulder rotator cuff tendinitis, left shoulder impingement syndrome, status post left shoulder subacromial decompression and status post left wrist ganglion cyst removal. Treatment to date has included physical therapy and medication. According to the progress report dated 4/13/2015, the injured worker complained of pain in her neck, bilateral shoulders, left elbow, bilateral wrists and bilateral hands. She stated that she had increased pain and spasm to her neck with a sharp, burning pain between her shoulder blades. She reported increased pain to her neck with physical therapy. She also complained of difficulty sleeping. Exam of the left shoulder revealed a well-healing surgical incisional site with no signs of erythema or drainage. There was mild effusion noted. There was increased pain with motion. Exam of the left wrist revealed a well-healed surgical scar over the dorsal surface of the wrist. There was tenderness over the volar surface of the wrist. There was mild swelling noted. Tinel's and Phalen's signs were positive. There was decreased sensation to all the digits of the left hand. The injured worker was temporarily totally disabled. Authorization was requested for chiropractic treatment for the left shoulder and left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x4 for the left shoulder and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The 5/2/15 UR determination denied the request for Chiropractic care, 2x4 to the patients left shoulder/left wrist citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records failed to establish the medical necessity for manipulation of the shoulder/wrist, 8 sessions based on the treatment criteria within the CAMTUS Chronic Treatment Guidelines as to accepted regions of manipulative therapy and the number of initial manipulative visits per accepted region of certified care. Therefore, the request is not medically necessary.