

Case Number:	CM15-0131634		
Date Assigned:	07/17/2015	Date of Injury:	11/09/2014
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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 54-year-old male who sustained an industrial injury on 11/9/2014 resulting in pain to his bilateral shoulders, wrists, and low back, including radiation into the left lower extremity. He was diagnosed with bilateral shoulder and upper arm sprain; lumbosacral strain; bilateral wrist sprain; and, degenerative bilateral shoulder arthritis. Documented treatment has included medication, wrist splints, and physical therapy for the shoulders. The injured worker continues to present with bilateral wrist, shoulder and lower back pain, and reports difficulties performing some activities of daily living. The treating physician's plan of care includes 8 chiropractic visits for the lumbar spine, bilateral shoulders, and wrists. Report of January 8, 2015 indicates that he is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatment sessions for the lumbar spine, bilateral shoulders and wrists:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines, Sprains and strains of shoulder and upper arm.

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

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 8 chiropractic treatment for lumbar spine, bilateral shoulders and wrist which was modified to 6 chiropractic sessions for lumbar spine and shoulders. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Furthermore MTUS guidelines do not recommend Chiropractic for wrist pain. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.