

Case Number:	CM15-0135899		
Date Assigned:	07/23/2015	Date of Injury:	10/11/2013
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial injury on October 11, 2013. He has reported pain in the neck, bilateral shoulders, and bilateral wrist and hands and has been diagnosed with cervical spine pain; rule out cervical displacement, bilateral shoulder sprain strain, bilateral shoulder internal derangement, bilateral shoulder tendinitis, bilateral shoulder rotator cuff tear, bilateral shoulder AC arthrosis, and bilateral wrist pain. Treatment has included medications, acupuncture, physical therapy, and medical imaging. There was decreased range of motion of the cervical spine. There was tenderness to palpation on the pectoral and upper trapezius muscles. Range of motion to bilateral shoulders was decreased. There was tenderness at the carpal tunnel and first dorsal extensor muscle compartment. There was decreased range of motion to bilateral wrist. The treatment request included chiropractic follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: Regarding the request for additional chiropractic follow-up, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic follow-up is not medically necessary.