

Case Number:	CM15-0136075		
Date Assigned:	07/24/2015	Date of Injury:	11/17/2014
Decision Date:	08/21/2015	UR Denial Date:	06/11/2015
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: 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 28 year old male, who sustained an industrial injury on November 17, 2014, incurring shoulder, back, neck and upper extremity injuries. He was diagnosed with cervical and lumbar sprain and right shoulder impingement syndrome. Treatments included medications, physical therapy, rest, bracing, neurostimulator therapy, shockwave therapy, manipulating therapy and acupuncture. Currently, the injured worker complained of consistent pain to the cervical, lumbar and right shoulder region. He noted difficulty sleeping due to the shoulder pain. He had painful range of motion and tenderness of the spine. He also complained of persistent pain in the shoulders with range of motion. The treatment plan that was requested for authorization included chiropractic sessions therapy for the bilateral shoulders and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Chiropractic therapy for bilateral shoulders and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 6/11/15 denied request for a single (1) Chiropractic visit to managed reported residual of bilateral shoulder and lumbar spine complaints citing CA MTUS Chronic Treatment Guidelines. The 5/12/15 reexamination requesting additional treatment failed to address the patient past medical history of manipulative treatment to the left shoulder, the number of completed visits for bilateral shoulder and lower back residuals or what functional improvement if any was documented. The medical necessity to continue manipulative care to the bilateral shoulder and lower back was not supported by reviewed medical records or supported by CA MTUS Chronic Treatment Guidelines.