

Case Number:	CM15-0139244		
Date Assigned:	07/30/2015	Date of Injury:	05/05/2012
Decision Date:	09/01/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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 30 year old female, who sustained an industrial injury on May 5, 2012, incurring lumbar spine and left shoulder injuries after a heavy box fell on her shoulder and mid back. The injured worker then fell to the floor injuring her head. She was diagnosed with a left shoulder internal derangement, cervical sprain, thoracic sprain, lumbar sprain and head injury. She underwent two shoulder surgeries. Other treatment included physical therapy, steroid injections to the back, and medication management. Currently, the injured worker complained of chronic left shoulder pain after having rotator cuff repair and biceps tendon repair surgeries two years prior. She noted diminished sensation and guarding of the left shoulder. She noted muscle spasms to the left shoulder and frequent headaches. She complained of difficulty concentrating and loss of memory. The treatment plan that was requested for authorization included chiropractic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy sessions Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 56-58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

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; ; 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): (s) 58/59.

Decision rationale: The UR determination of July 8, 2015 denied the treatment request for an additional 6 sessions of Chiropractic care to the patients lower back citing CAMTUS Chronic Treatment Guidelines. The reviewed records failed to address the patients functional recovery following the initial of Chiropractic care, 6 sessions to the lower back. CAMTUS Chronic Treatment Guidelines require clinical evidence of functional improvement prior to consideration of additional care if requested. The medical necessity for additional care was not provided by records reviewed or meet the requirement for additional care per CAMTUS Chronic Treatment Guidelines.