

Case Number:	CM15-0144578		
Date Assigned:	08/05/2015	Date of Injury:	10/23/2014
Decision Date:	09/03/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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 44 year old female who sustained a work related injury October 23, 2014. While driving, her car was rear ended as part of a five car accident. She experienced immediate onset of pain in her left shoulder, low back, bilateral hip, leg, and foot. After twenty four hours, she complained of headaches, nausea and ringing in both ears with worsening neck pain, left shoulder pain low back pain and right shin pain. She was treated with acupuncture therapy, chiropractic treatments and was taking Advil or Aleve for headaches. Past history included left shoulder surgery 2008. According to a primary treating physician's progress report, dated June 30, 2015, the injured worker presented with continued left shoulder pain as well as pain with restricted range of motion in her cervical spine. She reports, her headaches have decreased. Physical examination revealed no deficit in any of the dermatomes of the upper extremities to pinprick or light touch. Examination of the shoulders revealed; well healed portals about the left shoulder; crepitus with range of motion; tenderness over the bilateral trapezius muscles and right impingement sign is negative and left impingement sign is positive. Impression is documented as cervical sprain; shoulder impingement; chronic pain syndrome; Treatment plan included medication, complete present course of acupuncture, and at issue, a request for authorization for chiropractic care to the cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care, Cervical Spine, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Functional improvement measures Page(s): 58-59; 48.

Decision based on Non-MTUS Citation Official Disability Guidelines: Neck - Chiropractic Guidelines.

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 July 7, 2015 UR determination denied the treatment request for an additional 6 sessions of Chiropractic care to the patient's cervical spine citing CAMTUS Chronic Treatment Guidelines. The patient did receive prior Chiropractic care to the cervical spine without documentation of objective functional improvement. The reviewed medical records failed to establish the medical necessity for additional care to the cervical spine by documenting functional improvement or comply with CAMTUS Chronic Treatment Guidelines.

Chiropractic Care, Left Shoulder, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Functional improvement measures Page(s): 58-59; 48.

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 July 7, 2015 UR determination denied the treatment request for an additional 6 sessions of Chiropractic care to the patients left shoulder citing CAMTUS Chronic Treatment Guidelines. The patient did receive prior Chiropractic care to the shoulder and cervical spine without documentation of objective functional improvement. The reviewed medical records failed to establish the medical necessity for additional care to the cervical spine by documenting functional improvement or comply with CAMTUS Chronic Treatment Guidelines.