

Case Number:	CM15-0162273		
Date Assigned:	08/28/2015	Date of Injury:	11/07/2005
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/18/2015

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

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 72 year old female, who sustained an industrial injury on November 7, 2005. She reported left shoulder pain. Treatment to date has included x-rays, medications, physical therapy and electrodiagnostic studies. Currently, the injured worker complains of neck, trapezial and top of her left shoulder pain. Her greatest pain is from the left shoulder that radiates to the neck and is present 80% of the time. The pain will radiate down her left arm toward the elbow, which is described as achiness. The injured worker is currently diagnosed with left shoulder pain. Her work status is modified duty (maximum medical improvement). The therapeutic response to physical therapy and medications were not included in the documentation. Chiropractic care two times a week for six weeks for the left shoulder is requested to decrease pain and improve mobility and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 6 wks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks."

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. Medical treatment utilization schedule guidelines would support an initial trial of 6 treatments. The requested 12 treatments exceeds medical treatment utilization schedule guidelines. The claimant has chronic neck and left shoulder pain as result of a 11/7/2005 work injury. The claimant presented with an increase in neck and shoulder complaints. Given the clinical findings on the 7/16/2015 examination a course of 6 treatments would be considered appropriate. The requested 12 treatments exceed this guideline and are therefore non-certified.