

Case Number:	CM15-0189816		
Date Assigned:	10/01/2015	Date of Injury:	04/27/2011
Decision Date:	12/03/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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 27 year old male, who sustained an industrial-work injury on 4-27-11. He reported initial complaints of neck, left shoulder, arm, hand, low back and right knee pain. The injured worker was diagnosed as having left knee internal derangement; rule out torn meniscus, left shoulder impingement syndrome, musculoligamentous strain cervical spine with spondylosis, musculoligamentous strain lumbar spine with discogenic disease, anxiety, and insomnia. Treatment to date has included medication, diagnostics, 8-12 physical therapy sessions, and shockwave treatments. Currently, the injured worker complains of sharp aching pain in the shoulders, with pain radiating to the arm and hand. Meds include Naproxen, Acetaminophen, Omeprazole, and Ibuprofen. Per the orthopedic evaluation report on 8-6-15, exam noted tenderness over the paravertebral musculature and left upper trapezium, normal range of motion to cervical region, normal reflexes, negative orthopedic signs, left deltoid has 4 out of 5 muscle strength, normal sensation, and reduced grip on left hand. Shoulder range of motion is reduced to the left. The Request for Authorization requested service to include Chiropractic sessions 1-2 x week for 6 weeks. The Utilization Review on 8-28-15 denied the request for Chiropractic sessions 1-2 x week for 6 weeks, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 1-2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Shoulder (Acute & Chronic)/Manipulation; Chiropractic Guidelines-Sprains and strains of shoulder and upper arm.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic pain in the neck, shoulder, arm, hand, low back, and right knee. Previous treatments include medications, physical therapy, acupuncture, and shockwave therapy. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week for low back pain, it is not recommended for wrist, hand, and knee pain. The request for 12 visits also exceeded the guidelines recommendation for shoulder treatments. Therefore, it is not medically necessary.