

Case Number:	CM15-0197882		
Date Assigned:	10/13/2015	Date of Injury:	06/05/2015
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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 33 year old female, who sustained an industrial injury on 6-05-2015. The injured worker was being treated for right shoulder sprain-strain and sprain of neck. Treatment to date has included diagnostics and medications. Several progress reports within the submitted medical records were handwritten and difficult to decipher, including the progress report dated 8-28-2015. On 8-28-2015, the injured worker complains of right shoulder pain, rated 6-7 out of 10, and cervical spine pain, rated 5 out of 10. Shoulder pain was described as frequent, constant, burning, weakness, and ache. Neck pain was described as frequent and cramping. Exam of the cervical spine included slight pain with compression and decreased range of motion was noted in the right shoulder. Her current work status was not documented. Current medication regimen was not documented but included Norco. The treating physician documented "Pt to start authorized therapy to the neck + shoulder" (unspecified) and she was to continue home exercise program and stretching. Per the Request for Authorization dated 9-02-2015, the treatment plan included chiropractic care, 3x4, non-certified by Utilization Review on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Shoulder Chapter, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The claimant presented with neck and right shoulder pain. According to the available medical records, the claimant has been treated with medications and home exercises. There had been chiropractic treatment requested, however, it is unclear whether the claimant has had chiropractic treatment. The request for 12 chiropractic visits also exceeded the guidelines recommendation. Therefore, it is not medically necessary.