

Case Number:	CM15-0202812		
Date Assigned:	10/19/2015	Date of Injury:	10/25/2013
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/15/2015

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 50-year-old female who sustained an industrial injury on 10-25-2015 and has been treated for rotator cuff sprain, disorders of bursae and tendons in the right shoulder, and unspecified disorder of muscle, ligament and fascia. The most recent medical record provided dated 7-7-2015 shows the injured worker reported continued right shoulder pain with loss of range of motion, especially with internal and external rotation. She also reported pain with above shoulder reaching. Objective examination noted no crepitus; negative impingement, Obrien and Apprehension tests; and positive arc sign. Documented treatment includes surgery 3-30-2015, physical therapy with 6 additional sessions authorized, as well as approval for a corticosteroid injection. There is no documentation provided discussing her response to physical therapy or other treatment. The treating physician's plan of care includes 12 chiropractic sessions which was denied on 10-14-2015. The injured worker is currently on limited duty, but as of the physician's note provided, her employer was unable to accommodate restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, twice a week for six weeks, for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic right shoulder and neck pain. Previous treatments include medications, physical therapy, surgery, and home exercises. There is no record of prior chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 12 visits exceeded the guidelines recommendation. Therefore, without first demonstrating objective functional improvement, the request for 12 visits is not medically necessary.