

Case Number:	CM15-0029153		
Date Assigned:	02/23/2015	Date of Injury:	11/30/2000
Decision Date:	03/31/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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 68 year old male who sustained an industrial injury on 11/30/2000. Diagnoses include cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulges, status post right shoulder surgery, status post left shoulder surgery, right and left carpal tunnel surgery, right and left hip pain, left knee strain and right knee surgery. Treatment to date has included surgery, medications, physical therapy, and Chiropractic therapy. A physician progress note dated 01/15/2015 documents the injured worker ambulates with a cane. Light touch sensation is intact in the left thumb tip, and the left lateral shoulder, left long tip and left small tip are diminished. An electromyography study of the left upper extremity done on 10/15/2014 revealed neck, left and right shoulder, left and right elbow and right wrist pain, and he has decreased mobility of the right shoulder and weakness of the left arm. Study revealed there is electrophysiologic evidence of mild involvement of the left axillary nerve, suggestive of clinic impression of cubital tunnel syndrome involving the left elbow, evidence of residual mild delay along the left medial nerve across the wrist in the carpal tunnel-he is status post carpal tunnel surgery; there is no evidence of involvement of motor axons at the cervical root level. Treatment requested is for Chiropractic therapy. On 02/04/2015 Utilization Review non-certified the request for Chiropractic therapy and cited California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines-Chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s).

Decision rationale: The UR determination of 2/4/15 was appropriate and reasonable for denial of requested Chiropractic care to manage the patient chronic right shoulder pain. The provider did not provide the extent or prior Chiropractic care or what objective clinical evidence of functional improvement was documented to support the medical necessity for additional care. The reviewed medical records pertaining the patients care, the failure to provide clinical evidence of medical necessity and the referenced CAMTUS Chronic Treatment Guidelines that require evidence of prior functional improvement as a criteria for consideration of treatment support the denial of requested Chiropractic care.