

Case Number:	CM15-0038796		
Date Assigned:	03/09/2015	Date of Injury:	05/25/2012
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 49 year old male, who sustained an industrial injury on 5/25/12. He has reported right upper extremity and shoulder injuries. The diagnoses have included left shoulder impingement, chronic low back pain, and bilateral lateral epicondylitis. Treatment to date has included medications, Epidural Steroid Injection (ESI) and Home Exercise Program (HEP). Currently, as per the physician progress note dated 1/21/15, the injured worker complains of pain in the neck, upper back, lower back and right shoulder. The physical exam revealed the right mid anterior thigh, right mid lateral calf and right lateral ankle all had diminished sensation to light touch. There was no exam noted for the right shoulder, cervical or lumbar spine. The physician requested Chiropractic 2xwk x 6wks Right shoulder and cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 6wks Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.