

Case Number:	CM15-0045896		
Date Assigned:	03/18/2015	Date of Injury:	03/24/2014
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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, Minnesota
 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 42 year old female, who sustained an industrial injury on 3/24/14. The injured worker has complaints of neck, shoulders, wrists, hands and fingers. The documentation noted that in 2004 she underwent surgery to her right elbow and right shoulder. The diagnoses have included trigger finger. Treatment to date has included physical therapy; shockwave treatments to her right wrist/hand/fingers; orthopedic evaluation; Magnetic Resonance Imaging (MRI) of the left shoulder on 12/15/14 and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 x 6 weeks, Right Shoulder and Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(cervical spine also) is recommended as an option of 6 trial visits over 2 weeks, with

evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested Chiropractic Treatment 2x's per week for 6 weeks (12 total) for the cervical spine and right shoulder. The request is not according to the above guidelines and therefore the treatment is not medically necessary. Also the above guidelines do not recommended any treatment for the shoulder.