

Case Number:	CM15-0053279		
Date Assigned:	03/26/2015	Date of Injury:	06/10/2013
Decision Date:	05/18/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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 56-year-old male who sustained an industrial injury on 06/10/2013. Diagnoses include rotator cuff tear versus SLAP lesion, muscle spasms of the cervical spine, and lumbar sprain/strain. Treatment to date has included diagnostic studies, medications, Chiropractic sessions, and home exercises. A physician progress note dated 02/09/2015 documents the injured worker has thoracolumbar symptoms that wax and wane depending upon activity. The treatment plan is for a c-map to determine if in fact there are any abutting findings. An exercise plan was given to the injured worker and suggested how he would be best off being rendered to care in a less aggressive fashion and to be involved in an exercise regime. Treatment requested is for Chiropractic sessions 3 x 4 to the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 3X4 TO THE BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANIPULATION Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of March 3, 2015 denied the request for additional Chiropractic care, 12 visits citing CAMTUS Chronic Treatment Guidelines. Prior to this determination, the patient had received an unknown number of Chiropractic visits to manage shoulder and thoraco-lumbar residuals. The CAMTUS Chronic Treatment Guidelines support additional care when evidence of functional improvement is provided at the time of a continuing treatment request. The medical necessity for continuing treatment, 12 sessions was not provided in the records reviewed or complies with guidelines for consideration of continued care per CAMTUS Chronic Treatment Guidelines. Therefore, this request is not medically necessary.