

Case Number:	CM15-0058179		
Date Assigned:	04/02/2015	Date of Injury:	05/14/2007
Decision Date:	05/11/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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 49 year old male, who sustained an industrial injury on May 14, 2007. The injured worker was diagnosed as having musculoligamentous cervical sprain with radiculitis, right rotator cuff tear with repair, tear glenoid labrum right shoulder with arthroscopic surgery, and capsulitis right shoulder. Treatment and diagnostic studies to date have included surgery, physical therapy, home exercises, and medication. A progress note dated February 9, 2015 provides the injured worker complains of neck, right shoulder, bilateral wrist and left knee pain. Physical exam notes tenderness of shoulder area bilaterally. The plan includes medication and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro therapy x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation, low back.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, "Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." The claimant presented with chronic pain in the neck, right shoulder, bilateral wrists, and left knee. Previous treatments include medications, home exercises, physical therapy, and surgeries. Current evidences based MTUS guidelines do not recommend chiropractic treatment for chronic wrist and knee pain. Therefore, the request for 6 chiropractic therapy visits is not medically necessary.