

Case Number:	CM15-0084292		
Date Assigned:	05/06/2015	Date of Injury:	08/01/2014
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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 44-year-old male who sustained an industrial injury on 08/01/2014. Current diagnoses include bilateral shoulder strain, cervical strain, and muscle spasm. Previous treatments included medication management, physical therapy, and physiotherapy manipulation treatment. Previous diagnostic studies include electrodiagnostic study, and MRI of the left shoulder. Initial injuries included immediate onset of pain in the shoulders after felling something pop. Report dated 04/02/2015 noted that the injured worker presented with complaints that included left shoulder pain, right shoulder pain, and neck pain. Pain level was 8 out of 10 (left shoulder), 7 out of 10 (right shoulder), and 8 out of 10 (neck) on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included proceeding with conservative care, dispensed Naproxen, and cyclobenzaprine, recommendation for an orthopedic second opinion, request for a trial of chiropractic treatment, discussed steroid injections, and request for continuous medical necessity treatments and medications. Disputed treatments include chiropractic x8 visits, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x8 visits, cervical spine: Upheld

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

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

Decision rationale: The UR determination of 4/17/15 denied the request for additional Chiropractic care, 8 sessions to the cervical spine citing CAMTUS Chronic Treatment Guidelines. The reviewed medical documents of applied Chiropractic care prior to this request for additional care failed to document objective clinical evidence of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. Additional Chiropractic care 8 sessions requested on 4/2/15 was not accompanied by clinical evidence of functional improvement or complies with referenced CAMTUS Chronic Treatment Guidelines sufficient to certify additional care. Therefore, the request is not medically necessary.