

Case Number:	CM15-0088033		
Date Assigned:	05/12/2015	Date of Injury:	05/22/2014
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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 38 year old female who sustained an industrial injury on 05/22/2014. The mechanism of injury was lifting a tray of meat. Diagnoses include left shoulder pain, back pain, and left wrist pain. Treatment to date has included medications, physical therapy, home exercise program, left wrist splint acupuncture treatment, and chiropractic sessions. The most recent physician progress note dated 02/03/2015 documents the injured worker presents with left wrist, back and arm pain. Left shoulder pain is in the lateral and posterior shoulder. Her pain is moderate in severity, and is slowly improving. She has left upper back pain and the pain is constant. Her pain is moderate in severity and is worsening. Associated symptoms include stiffness. Physical therapy has shown functional improvement. The injured worker has tenderness in the bicipital groove, trapezius muscle and supraspinatus muscle. She has positive Empty Can test and positive Yergason test. There is tenderness at the thoracic level paraspinal, and left sided muscle spasms. Range of motion is normal. Treatment requested is for Chiropractic therapy with evaluation x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy with evaluation x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 4/27/15 denied the request for additional Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The reviewed medical documents referenced the patient receiving prior Chiropractic care 6 sessions with subsequent reporting by the provider failing to address the total number of applied Chiropractic visits or objective clinical findings reflecting functional improvement, criteria for consideration of additional care per CAMTUS Treatment Guidelines. The reviewed medical records failed to document the medical necessity for continued Chiropractic care or meet the criteria for care per CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.