

Case Number:	CM15-0236268		
Date Assigned:	12/14/2015	Date of Injury:	04/30/2012
Decision Date:	01/25/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/03/2015

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 57 year old male with an industrial injury dated 04-30-2012. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder sprain, thoracic sprain, and cervical sprain. According to the progress note dated 11-02-2015, the injured worker presented for follow up. The injured worker reported that the shoulder symptoms have increased to an intolerable level. Objective findings were documented as (11-02-2015) "objectively the findings are in fact vastly respondent to care." Treatment has included diagnostic studies and periodic follow up visits. The injured worker is permanent and stationary. The utilization review dated 11-30-2015, non-certified the request for chiropractic therapy for the next 1 to 3 weeks to thoracic spine, left shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for the next 1 to 3 weeks to thoracic spine, left shoulder and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 3 chiropractic treatments was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The requested 3 treatments are consistent with this guideline. The claimant returned to the provider's office complaining of an increase in his chronic pain complaints. A course of 3 treatments can be considered appropriate. This claimant has treated on a periodic basis for exacerbations with overall functional improvement. Therefore, the medical necessity for the requested 3 treatments was established and necessary.