

Case Number:	CM15-0237373		
Date Assigned:	12/14/2015	Date of Injury:	01/03/2015
Decision Date:	01/15/2016	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	12/04/2015

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: Chiropractic

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 43 year old male, who sustained an industrial injury on 1-3-15. He reported injury to the left middle finger. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included physical therapy, acupuncture, and medication including Naproxen. On 10-19-15 the treating physician noted pain interfered with the injured worker's ability to walk 1 block, lift 10 pounds, ability to sit for 30 minutes, stand for 30 minutes, and sleep. Physical exam findings on 10-19-15 included no tenderness in either acromioclavicular joints or subdeltoid areas. No tenderness was noted in the bicipital groove or anterior shoulder regions bilaterally. Tenderness was noted in the right posterior shoulder area. Stability in the shoulders was noted to be good. Impingement and apprehension signs were negative bilaterally. Antalgic gait and tenderness with no spasm was noted in the paravertebral musculature. Tenderness was also noted in the left sacroiliac joint. A left straight leg raise test caused pain in the low back. Lasegue's and Patrick's tests were negative bilaterally. On 10-19-15, the injured worker complained of pain in the low back, bilateral knees, and left middle finger rated as 7 of 10. The treating physician requested authorization for an initial trial of chiropractic treatment 2x3 for the lumbar spine and right shoulder. On 11-9-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks to lumbar spine and right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: The patient has not received chiropractic care for his right shoulder and lumbar spine injury in the past. The UR notes have erroneously documented that the patient has received 6 sessions of chiropractic care in the past. The records reviewed are not indicative of this. There are no past chiropractic treatment notes in the records provided. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter also recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The ODG recommends 9 sessions over 8 weeks for the shoulder. I find that the 6 initial chiropractic sessions requested to the right shoulder and lumbar spine to be medically necessary and appropriate.