

Case Number:	CM14-0126501		
Date Assigned:	08/18/2014	Date of Injury:	05/23/2014
Decision Date:	10/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 47 year old male patient with left shoulder and neck pain, date of injury is 05/23/2014. Previous treatments include medications, chiropractic and exercise. Progress report dated 06/19/2014 by the treating doctor revealed patient with decreased in pain, 6/10, to the chest and left shoulder, he continues to complain of chest and left shoulder pain, headaches and left parietal. Objective findings include swelling of temporal and parietal region, cervical pain 50 degrees extension, and suboccipital tenderness. Diagnoses include cervical sprain/strain, left shoulder sprain/strain, myospasm, headaches, left chondrosternal sprain/strain. The patient returned to modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 2 times per week for 3 weeks for left shoulder and cervical spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sprains And Strains Of Shoulder And Upper Arm

Decision rationale: Reviewed of the available medical records showed this patient continue to have left shoulder and neck pain with headaches. He has had 6 chiropractic treatments with exercises; however, there is no evidence of objective functional improvement. The request for additional 6 chiropractic treatment to the left shoulder also exceeded ODG guideline recommendation of 9 visits. Based on the guidelines cited above, the request for additional 6 chiropractic treatments to the left shoulder and neck is not medically necessary.