

Case Number:	CM14-0143355		
Date Assigned:	09/10/2014	Date of Injury:	07/20/2012
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 Board Certified in Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 55 year old male with a date of injury on 7/20/2012. Diagnoses include bilateral shoulder injury, and lumbar disc pathology. Subjective complaints are of lower back pain rated 6/10 that was slowly improving. Physical exam showed lumbar spine spasms and decreased strength, and bilateral shoulder tenderness. Documentation indicates that the patient has had 6 previous chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Chiropractic Care 1 times a week times 4 weeks for the bilateral shoulders and low back (no DOS): 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 MANUAL THERAPY, Page(s): 58-59.

Decision rationale: CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise program. This patient has pain and spasm related to a musculoskeletal condition. CA MTUS specifically

recommends a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. For this patient, there is no documentation of objective functional improvement with prior chiropractic therapy. Therefore, the medical necessity for additional chiropractic care is not established at this time.