

Case Number:	CM14-0144718		
Date Assigned:	09/12/2014	Date of Injury:	05/04/2004
Decision Date:	10/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

The claimant is a 64-year-old female who sustained an injury on 05/04/2004. The medical records provided for review documented current complaints in the claimant's neck. The report of a follow up office visit on 07/11/14 documented that the claimant recently underwent eleven sessions of acupuncture with no significant improvement and continued to have complaints of pain and weakness with overhead activity. There was no documentation of the physical examination findings on that date. The recommendation was made for twelve sessions of chiropractic care. The medical records did not include any reports of imaging studies of the claimant's neck. The documentation also noted that the claimant was being treated for bilateral shoulder complaints, right greater than left, for which she was awaiting an MRI. This review is for chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation for cervical spine #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, chiropractic measures for twelve sessions would not be indicated. The request for chiropractic treatment for the claimant's cervical spine is not supported as there are limited clinical examination findings or subjective complaints indicative of acute cervical pathology. The documentation of the claimant's recent assessment appeared more consistent with shoulder issues. In addition, the Chronic Pain Guidelines, would support up to six sessions of chiropractic treatment during which functional improvement would be anticipated. The requested twelve sessions would clearly exceed the Chronic Pain Guidelines and cannot be supported.