

Case Number:	CM14-0158430		
Date Assigned:	10/01/2014	Date of Injury:	05/22/2013
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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, has a subspecialty in Acupuncture 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:

The patient is reported to be a 48 year old female who sustained an industrial injury on 5/22/13; claimant reportedly sustained injury to her right shoulder from rolling tacos. Her past medical history of care includes 4 physical therapy sessions, 18 Chiropractic/therapy visits provide from 7/2/14 through 8/18/14. Diagnostics MRI/Arthrogram of 8/13/14: degenerative A/C joint with small supraspinatus tear. On 9/9/14 a request for additional Chiropractic care was submitted requesting 14 additional sessions of manipulation/physical therapy to manage reported complaints in the cervical and lumbar regions. UR denied the request for the additional 14 Chiropractic visits based on reviewed reports that fails to address functional improvement documented with the initial 18 Chiropractic sessions and any documentation supporting management to the neck and lower back complaints/injuries arising from industrial causation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic treatment for neck or low back pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRO.

Decision rationale: The CA MTUS Chronic Treatment Guidelines for manual therapy/manipulation clearly state that manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The reviewed medical report following application of the initial 18 sessions of Chiropractic care failed to address significant functional changes in spinal or extremity deficits that would support the criteria for continued care in that functional improvement was clearly documented. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The reviewed documents do not support any clinical evidence of functional improvement following the 18 sessions of Chiropractic sufficient to certify 14 additional Chiropractic visits. The request is not medically necessary.