

Case Number:	CM14-0179265		
Date Assigned:	11/03/2014	Date of Injury:	06/20/2014
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 a licensed Chiropractor, 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 46 year old male with complains in the right shoulder and lumbar spine, date of injury is 06/20/2014. Previous treatments include medications, chiropractic, back brace, and physical therapy. Progress report dated 09/24/2014 by the treating doctor revealed patient with complains of mild right shoulder pain, 1/10, lumbar spine pain, 6/10, patient report chiropractic decreased pain from 8/10 to 6/10 and improved mobility. Functional change noted moderately improved, increased mobility, decreased pain intensity/frequency and medication intake. There are no physical exam records. Diagnoses include right shoulder sp/st r/o internal derangement, lumbar sp/st and degenerative osteosclerosis. The patient returned to modified work duties with no overhead work, no lifting/pushing/pulling over 35 lbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 x 3 to the lumbar spine and right shoulder: 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 Page(s): 58-59.

Decision rationale: The claimant presents with ongoing right shoulder and low back pain. He has completed 12 chiropractic treatments to date with some subjective functional improvement reported; including decreased in pain and increased mobility. However, reviewed of the available medical records showed no evidences of objective functional improvements. There is no physical examination, ROM improvement documented, and the claimant continued with the same modified work duty. Based on the guidelines cited, the request for additional chiropractic treatments 2x3 for the lumbar and right shoulder is not medically necessary.