

Case Number:	CM13-0059194		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2011
Decision Date:	03/04/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/01/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 as a with a 5/8/11 date of injury; mechanism was not provided. The patient is under medical management with [REDACTED] who prior to this request for additional Chiropractic care treated the claimant through his P&S determination on 5/20/13. He presented on 10/24/13 with a history of increasing neck, upper back, mod back, bilateral shoulder and right upper extremity pains He reported worsening of neck and upper extremity/left shoulder intermittent numbness and tingling with weakness in the left upper extremity absent a history of rennet trauma. He reported self-management home therapy was not effective. Examination of the cervical spine/left shoulder demonstrated ROM decreases and positive orthopedic testing. [REDACTED] [REDACTED] opined that symptoms/presentation supported diagnoses of cervical spine musculoligamentous sprain/strain with a history of attendant BL upper extremity radiculitis; bilateral shoulder periscapular myofascial strain with tendinitis and bursitis. Plan: Chiropractic care, 2x4 to the cervical spine/left shoulder; supplies for a home e-stim devise; medication; return in 5-6 weeks and if no improvement the patient may be given localized trigger point injection to the left trapezius. On 11/13/13 a UR determination denied the request for additional Chiropractic care stating that the patient has previously received 8 Chiropractic visits with the no subsequent reporting that any functional improvement was documented as required by the CAMTUS Chronic Treatment Guidelines should additional manual therapy/Chiropractic care be requested. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy twice a week for four weeks for the cervical spine and left 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 Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manip.

Decision rationale: The CAMTUS Chronic Treatment Guidelines for manual therapy/Chiropractic utilization incorporates a prerequisite for continuing care, clinical evidence of functional improvement provided following a prior trial of care. 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 request from [REDACTED] failed to address the prior course of Chiropractic care leading to any functional gains in ADLs, lessening in the need for medical management or return to work status. The UR determination of 11/13/13 was an appropriate determination for the documentation provided for consideration of additional Chiropractic care. The Appeal by [REDACTED] for additional Chiropractic care, 8 visits is again denied.