

Case Number:	CM14-0143093		
Date Assigned:	09/10/2014	Date of Injury:	08/15/2013
Decision Date:	03/06/2015	UR Denial Date:	08/08/2014
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. 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

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 injured worker is a 51 year-old male, who was injured on August 15, 2013, while performing regular work duties. The mechanism of injury is from a slip and fall onto the right side of the body. The injured worker used the right arm to break the fall. The records indicate the injured worker has received treatment including physical therapy, cortisone injection, right shoulder surgery, medications, radiological imaging. A qualified medical evaluation by [REDACTED] on October 22, 2014, indicates physical findings of ambulation of a normal gait, no tenderness of the cervical spine, no tenderness in the right shoulder region, no tenderness of the lumbar spine region. Range of motion of the lumbar spine is measured at 35 degrees flexion, 27 degrees extension, 25 degrees right side bending, and 25 degrees left side bending Braggards sign is negative, Waddell signs are negative. No radiological imaging studies are available for this review. [REDACTED] recommended future medical care consists of "access to care by an orthopedic surgeon for reevaluation, diagnostic studies, physical therapy on a limited basis of 12 visits per year, and medications as needed. The request for authorization is for chiropractic services three (3) times weekly for four (4) weeks, for the lumbar spine and right shoulder. The primary diagnoses are lumbar sprain, thoracic or lumbosacral neuritis or radiculitis, shoulder and upper arm sprain and strain, and rotator cuff syndrome. On August 8, 2014, Utilization Review non-certified the request for chiropractic services three (3) times weekly for four (4) weeks, for the lumbar spine and right shoulder, based on MTUS, Chronic Pain Medical Treatment .

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services 3 times weekly for 4 weeks. Lumbar spine and right shoulder:

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 & Manipulation Page(s): 58-59.

Decision rationale: The claimant presented with ongoing lower back pain and right shoulder pain despite previous treatments with medications, injections, right shoulder surgery, and physical therapy. There is no records of previous chiropractic treatments. Although MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks; the request for 12 visits exceeded the guidelines recommendations. Therefore, it is not medically necessary.