

Case Number:	CM14-0215757		
Date Assigned:	01/15/2015	Date of Injury:	08/16/2005
Decision Date:	02/23/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 a 58 year old male with date of injury 8/16/2005. The mechanism of injury is stated as a cabinet falling on him. The patient has complained of neck pain and right shoulder pain since the date of injury. He has been treated with right distal clavicle resection, physical therapy, chiropractic therapy and medications. MRI of the right shoulder dated 12/2014 reveals a supraspinatus tendon tear. Objective: decreased and painful range of motion of the cervical spine and right shoulder. Diagnoses: degenerative disc disease cervical spine, cervicgia, neck sprain, rotator cuff injury. Treatment plan and request: chiropractic manipulation, 8 sessions, for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, 8 sessions, for the cervical spine: 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: This 58 year old male has complained of neck pain and right shoulder pain since date of injury 8/16/2005. He has been treated with right distal clavicle resection, physical therapy, chiropractic therapy and medications. the current request is for chiropractic manipulation, 8 sessions, for the cervical spine. Per the MTUS guidelines cited above, chiropractic manipulation is not recommended in the management of neck complaints. On the basis of the available medical documentation and per the MTUS guidelines cited above, chiropractic manipulation, 8 sessions for the cervical spine is not indicated as medically necessary.