

Case Number:	CM15-0002311		
Date Assigned:	01/13/2015	Date of Injury:	10/16/2014
Decision Date:	03/11/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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 injured worker is a 42 year old female, who sustained an industrial injury on 10/16/2014 when she was hit by an AC vent on the left shoulder. She has reported subsequent left shoulder pain and was diagnosed with spasm of muscle and unspecified myalgia and myositis. Treatment to date has included oral pain medication. The only physician office notes submitted is an initial physician evaluation on 10/16/2014 and a PR-2 from 10/20/2014. The initial physical examination on 10/16/2014 showed tenderness to palpation of multiple areas of the left shoulder, negative impingement sign and decreased range of motion. The PR-2 from 10/20/2014 notes that the IW was reporting no pain and indicated that she was ready to return to work. Physical examination findings were within normal limits. A physician request for chiropractic therapy was made without any physical examination findings to support the need for the request. On 12/31/2014, Utilization Review non-certified a request for 12 visits of chiropractic therapy to the thoracic spine 3 x a week x 4 weeks, noting that the records didn't establish that the IW demonstrated any current examination findings of the thoracic spine or functional deficits to warrant chiropractic therapy. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week for four weeks for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173, 181.
Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back
chapter, Manipulation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back
Complaints Page(s): 173, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation
Page(s): 58-59.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 3X4 chiropractic treatment for thoracic spine which were non-certified by the utilization review. Medical records didn't establish that the patient demonstrated any current examination findings of the thoracic spine or functional deficits to warrant chiropractic therapy. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.