

Case Number:	CM15-0016079		
Date Assigned:	02/04/2015	Date of Injury:	04/17/2012
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/28/2015

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 25 year old male, who sustained an industrial injury on 4/17/2012. The current diagnoses are cervical spine sprain/strain with radiculopathy, right shoulder rotator cuff tendinitis/bursitis, lumbar spine sprain/strain, and left ankle sprain. Currently, the injured worker complains of bilateral shoulder pain with spasms in his shoulders bilaterally to his neck. Additionally, he reports pain with radiation to the left knee with tingling of his left leg. Treatment to date has included physical therapy and Chiropractic. The treating physician is requesting Chiropractic therapy 2 times a week for 4 weeks for the neck and right shoulder, which is now under review. On 12/26/2014, Utilization Review had non-certified a request for Chiropractic therapy 2 times a week for 4 weeks for the neck and right shoulder. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 4 weeks for the neck and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The UR determination of 12/24/14 was an appropriate denial of requested Chiropractic care 2x4 for management of neck and right shoulder found in the request for treatment dated 12/18/14. The patient was the recipient of prior Chiropractic and physiotherapy management with no documented clinical evidence that functional improvement was documented prior to the requested additional care dated 12/18/14. CAMTUS Treatment Guidelines require evidence of functional improvement prior to consideration of additional 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 reviewed records failed to address this prerequisite leaving the UR determination to deny care reasonable and appropriate.