

Case Number:	CM15-0018442		
Date Assigned:	02/06/2015	Date of Injury:	04/02/2013
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	01/30/2015

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

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 48 year old female, who sustained an industrial injury on 4/2/2013. She has reported shoulder pain and neck pain. The diagnoses have included cervical disc bulge, tendinitis of right supraspinatus tendon, shoulder pain and cervical pain. Treatment to date has included medication and chiropractic therapy. Currently, the IW complains of pain rated 5/10 VAS with medication, 7/10 without medication. On 1/22/15, physical examination documented tenderness to cervical spine, right elbow, and right shoulder, with decreased sensation to the shoulder on the right. The plan of care included 8-9 chiropractic visits for cervical spine, medications as previously prescribed and Transcutaneous Electrical Nerve Stimulation (TENS) unit for home use. On 1/30/2015 Utilization Review modified certification for two (2) chiropractic therapy sessions, noting the improvement with prior treatment and return to full duty. The MTUS Guidelines were cited. On 1/30/2015, the injured worker submitted an application for IMR for review of six (6) chiropractic therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with chronic neck and shoulder pain. According to the available medical records, previous chiropractic treatments help her to keep medications at minimum and continue to work full time. Current treatment request is for 6 chiropractic sessions. Progress report dated 1/22/2015 noted chronic neck and shoulder pain, there is no document of recent flare-up, and the claimant is working full duty. Whereas maintenance care is not recommended by MTUS guidelines, the request for additional ongoing chiropractic treatment is not medically necessary and appropriate.