

Case Number:	CM15-0119561		
Date Assigned:	06/30/2015	Date of Injury:	01/13/2004
Decision Date:	08/04/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/22/2015

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 49-year-old female, who sustained an industrial injury on January 13, 2004. Treatment to date has included Synvisc injections and assistive devices. Currently, the injured worker complains of pain in the bilateral knees and cervical spine. On physical examination, the injured worker has tenderness to palpation and spasm over the cervical spine and a limited range of motion. The diagnosis associated with the request is rotator cuff syndrome of the shoulder. The treatment plan includes six chiropractic therapy sessions for the cervical spine and Synvisc injection to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic therapy 1 time for 6 weeks for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.acoempracguides.org/cervical and thoracic spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The patient's injury is over 11 years old. It is unclear if the patient has had prior chiropractic treatments or if the request is for initial trial of care. Provider requested additional 6 chiropractic sessions for cervical spine which were non-certified by the utilization review. There is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment (if any previously administered). Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.