

Case Number:	CM15-0122192		
Date Assigned:	07/06/2015	Date of Injury:	09/19/2013
Decision Date:	08/12/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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 51 year old female, who sustained an industrial injury on 9/19/13. She reported neck and right shoulder pain. The injured worker was diagnosed as having right shoulder and trapezius muscle sprain/strain. Treatment to date has included medication, x-ray, MRI, physical therapy, surgical intervention, acupuncture and chiropractic care. Currently, the injured worker complains of neck and right shoulder pain described as crampy, sharp and constant. She reports an increase in pain with lifting, carrying, pushing and pulling. The pain is decreased with rest and medication. Her work status is, continue temporary alternative work. A note dated 4/14/15 states there are no deficits noted on physical examination regarding range of motion and motor strength. The note also states that chiropractic care has been beneficial in the past. A request for chiropractic visits for neck and shoulder, 6 sessions, is sought to help reduce the injured workers pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for neck and shoulder qty 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, Page(s): 58.

Decision rationale: The claimant's PTP is [REDACTED], orthopedist. The claimant was referred to [REDACTED] associate, [REDACTED], on 4/14/2015 for an evaluation. He requested 6 chiropractic treatments. This request was denied by peer review. The rationale for the denial of the 6 treatments was that "while the information submitted reflects some ongoing subjective complaints and positive examination findings, it is noted that previous chiropractic care was certified however response to care including evidence of functional benefit, as well as documentation regarding the total number of sessions completed to date is not clearly outlined." In the same report the reviewer indicated that the claimant "was previously approved for 12 chiropractic sessions". The 6/18/2015 report from [REDACTED], indicates the claimant underwent 12 sessions of chiropractic treatment through February 2015 resulting in her being able to return to work modified duty. The claimant has received 12 treatments that were able to allow her to return to work on modified duty. This indicates overall functional improvement. The claimant's condition had not fully resolved and that there was still a myofascial component as noted by the evidence of tenderness to palpation throughout the paraspinal musculature was some spread into the trapezial region, right side more than left. Therefore, given the evidence of overall functional improvement as a result of the 12 treatments allowing the claimant returned to work in the residual deficits, the requested 6 additional treatments is medically necessary and established.