

Case Number:	CM15-0124003		
Date Assigned:	07/08/2015	Date of Injury:	11/13/2007
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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 65 year old male, who sustained an industrial injury on 11/13/2007. He reported pain in his back, right shoulder and neck. Diagnoses have included lumbar discogenic disease and right shoulder pain. Treatment to date has included physical therapy, chiropractic treatment, acupuncture and medication. According to the progress report dated 5/5/2015, the injured worker complained of pain in his neck, right shoulder and low back. He stated that the neck pain went into the shoulder with poor range of motion. Physical exam revealed trapezial muscle spasm, right worse than left. Exam of the lumbar spine revealed pain with range of motion and spasms bilaterally of the latissimus dorsi. He had poor range of motion of his shoulders. Hawkin's maneuver was positive. It was noted that the injured worker had no improvement with chiropractic treatment in the past. Authorization was requested for chiropractic treatment twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Treatment 2 times a week for 6 weeks for the right shoulder as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. According to the report dated 5/5/15, the provider reported that the patient continued to have pain in the low back, shoulder, and neck. The patient has had chiropractic care in the past and the symptoms did not improve. Based on the lack of functional improvement from past chiropractic care, the providers request for 12 chiropractic session for the right shoulder is not medically necessary at this time.