

Case Number:	CM15-0126813		
Date Assigned:	07/14/2015	Date of Injury:	06/16/2011
Decision Date:	08/12/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/30/2015

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, Minnesota
 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 55 year-old male, who sustained an industrial injury on June 16, 2011, incurring left shoulder and neck injuries. He was diagnosed with cervical disc disease, cervical radiculopathy, and left shoulder sprain. Treatment included anti-inflammatory drugs, muscle relaxants, pain medications, and chiropractic sessions, massage therapy acupuncture and work modifications with restrictions. Currently, the injured worker complained of persistent upper extremity, left shoulder, mid back and neck pain. He noted shoulder swelling, increased pain on movement, muscle spasms and numbness of the left shoulder. The treatment plan that was requested for authorization included chiropractic sessions for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three times a week times two weeks for the 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 9792.20 - 9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the shoulder is not recommended. The doctor has requested Chiropractic manipulation of the shoulder 3x per week for 2 weeks. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.