

Case Number:	CM15-0037971		
Date Assigned:	03/06/2015	Date of Injury:	04/01/2013
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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 46 year old male, who sustained an industrial injury on 4/1/2013. He reports a 300-400 pound beam pushing him down on the right shoulder and subsequent pain in the right shoulder, neck, upper, mid and lower back. Diagnoses include cervical sprain, thoracolumbar sprain, right shoulder sprain with partial rotator cuff tear and right trapezius sprain. Treatments to date include physical therapy, steroid injection and medication management. The injured worker was recently approved for a shoulder arthroscopy, not yet performed. A progress note from the treating provider dated 2/6/2015 indicates the injured worker reported ongoing pain in the right shoulder, neck, mid back and low back that radiates to the bilateral upper extremities and bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, twice weekly for 3 weeks to the Cervical, Thoracic, Lumbar and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: The claimant presented with chronic neck, back, and right shoulder pain. Current progress report dated 02/06/2015 did not report any objective findings, there is no previous imaging studies report, and there is no concurrent therapeutic exercises program or home exercises programs prescribed or recommended. Based on the guidelines cited, the request for chiropractic therapy is not medically necessary due to lack of functional deficits documented, no objective findings, and no therapeutic exercise program to facilitate functional improvement.