

Case Number:	CM15-0043393		
Date Assigned:	03/13/2015	Date of Injury:	04/04/2014
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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 32 year old male, who sustained a work/ industrial injury on 4/4/14. He has reported initial symptoms of neck, mid-back, and shoulder pain with numbness and tingling. The injured worker was diagnosed as having cervical, shoulder, thoracic, and lumbar sprain/strain; tendonitis. Treatments to date included: medication, physical therapy, orthopedic consult, chiropractic care, and acupuncture. X-ray of the left shoulder was unremarkable. Magnetic Resonance Imaging (MRI) of left shoulder acromioclavicular osteoarthritis, supraspinatus tendinosis and infraspinatus tendinosis. Currently, the injured worker complains of pain in the shoulder, neck, low back pain. The treating physician's report (PR-2) from 12/24/14 indicated the injured worker had pain affecting his due to not being able to sleep on the left side. Left shoulder tendonitis, lumbar spine and thoracic spine had chronic myofascitis, and neck cervicalgia. Cervical, lumbar, and upper extremity flexion, extension, abduction and adduction was reduced. Medications included Voltaren, Omeprazole, and Norco. Treatment plan included Chiropractic treatment: Left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation and ACOEM 2012.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented with persistent neck, back, and shoulder pain despite previous treatment with medications, physical therapy, acupuncture, and chiropractic. Reviewed of the available medical records showed the claimant has had at least 6 chiropractic treatments to date. However, there is no evidence of objective functional improvement and the claimant continued to stay off work. The request for additional 10 chiropractic visits also exceeded the guidelines recommendation. Therefore, it is not medically necessary.