

Case Number:	CM15-0075054		
Date Assigned:	04/24/2015	Date of Injury:	01/07/2014
Decision Date:	05/27/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/20/2015

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: Chiropractic

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 an industrial injury on 01/07/2014. On provider visit dated 04/07/2015 the injured worker has reported right shoulder pain. On examination of the right shoulder, he was noted to have tenderness and decreased range of motion. The diagnoses have included right shoulder impingement syndrome, possible anterior instability right shoulder, lumbar strain, and cervical strain. Treatment to date has included medication, physical therapy and home exercise program. The provider requested an initial trial of 8 Chiropractic therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic therapy sessions for the cervical spine: Overturned

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 Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section.

Decision rationale: The patient has not received any chiropractic care for his neck injury. The ODG Neck & Upper Back chapter and The MTUS Chronic Pain Medical Treatment Guidelines recommend an initial trial of manipulation for the cervical spine 6 sessions over 2-3 weeks. Since the patient has not received any chiropractic care in the past I find that a trial run of 8 sessions of chiropractic care to the cervical spine to be medically necessary and appropriate.