

Case Number:	CM15-0076523		
Date Assigned:	04/28/2015	Date of Injury:	12/08/2006
Decision Date:	06/02/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: Preventive Medicine, Occupational 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 54-year-old female, who sustained an industrial injury on 12/8/2006. Diagnoses have included sprains and strains of shoulder and upper arm not otherwise specified, other specified disorder of rotator cuff and depressive disorder. Treatment to date has included physical therapy, steroid injection and medication. According to the progress report dated 3/17/2015, the injured worker complained of ongoing posterior shoulder spasms and tightness. She reported that the Terocin patches were very helpful with reduced overall pain and ability to sleep better. Physical exam revealed tenderness at the paracervical muscles, rhomboids and trapezius. Multiple myofascial trigger points were noted. Movements of right shoulder were limited. Hawkin's test was positive. Drop arm test was positive. There was tenderness noted in right shoulder area. Authorization was requested for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 58-60.

Decision rationale: The request is for 8 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 8 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. Original reviewer modified the request from 8 sessions to 6 sessions. Chiropractic treatment, twice weekly for four weeks is not medically necessary.