

Case Number:	CM14-0143681		
Date Assigned:	09/12/2014	Date of Injury:	10/20/2011
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; earlier shoulder surgery, and unspecified amounts of time off of work. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy. The applicant's attorney subsequently appealed. In a July 20, 2014 progress note, the applicant was described as having persistent complaints of shoulder pain, some 5 months removed from earlier shoulder surgery in February 2014. 120 to 125 degrees of shoulder elevation were appreciated. Additional physical therapy was sought. The applicant was placed off of work, on total temporary disability. On August 5, 2014, the applicant reported persistent complaints of neck, lower back, and shoulder pain. Twelve sessions of manipulative therapy were sought. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working, however. The request for chiropractic treatment was labeled as a continuation request. In a note dated June 24, 2014, the applicant was described as receiving physical and manipulative therapies as of that point in time. The same rather proscriptive 10-pound limitation remained in place. The applicant did not appear to be working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x 12 neck: 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 Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrated treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant is off of work. The attending providers have failed to outline any tangible or material improvements in function achieved through prior unspecified amounts of chiropractic manipulative therapy over the life of the claim. Therefore, the request for additional treatment is not medically necessary.