

Case Number:	CM13-0017111		
Date Assigned:	01/15/2014	Date of Injury:	04/19/2011
Decision Date:	06/06/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in New York and Texas. 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 physician 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 injured worker is a 54 year old female injured on 04/19/11 when she was mopping resulting in pain to the right shoulder and neck. The patient complained of constant pain in the proximal medial right upper arm and anterior chest area with pain into the right arm/hand with associated numbness into the hand. The record indicates a subsequent diagnosis of probable strain to the cervical spine and partial tear of the pectoralis major insertion to the right humerus. The injured underwent chiropractic treatment, physical therapy, and trigger point injections with minimal improvement in symptoms. The most recent chiropractic notes from April of 2011 indicated a slight improvement in range of motion with an unknown number of sessions completed. Medications include Galrise, Cyclobenzaprine, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TO CERVICAL FOR THE RIGHT SHOULDER (WITH [REDACTED]) 5-6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59.

Decision rationale: As noted on page 59 of the Chronic Pain Medical Treatment Guidelines, current guidelines indicate chiropractic frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. The treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. The documentation indicated the patient attended chiropractic treatment with only slight improvement. Additionally, there were no objective findings provided that indicated functional improvement related to the chiropractic treatments. Furthermore, a total number of chiropractic treatment sessions were not provided. As such, the request for chiropractic 5-6 treatment cervical for the right shoulder with [REDACTED] cannot be recommended as medically necessary at this time.