

Case Number:	CM14-0101747		
Date Assigned:	07/30/2014	Date of Injury:	03/31/2012
Decision Date:	10/01/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	07/01/2014

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 Chiropractic, 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:

According to the available medical records, this is a 61 year old female patient with chronic neck pain and right shoulder pain, date of injury is 03/31/2012. Previous treatments include medications, shoulder cortisone injections, right shoulder surgery, physical therapy, acupuncture, home exercise program and chiropractic. Primary treating doctor report dated 04/23/2014 revealed patient complains of constant sharp neck pain, 7/10 at rest and 9/10 with activities, pain increased with bending, lifting, pulling and pushing, pain decreased with medications and rest. The patient also complains of constant sharp-stabbing right shoulder pain, 7/10 at rest and 8/10 with activities, pain increased with lifting, carrying, pulling, pushing, gripping, grasping, and writing, pain decreased with medication and rest. The patient also complains of swelling, weakness and insomnia. The patient also complains of constant sharp right elbow pain that radiates to her wrist and hand, 6/10 at rest and 7/10 with activity, pain increased with lifting, pulling, pushing, gripping and grasping, pain decreased with rest. Exam of the cervical spine revealed tenderness to palpation in the cervical and the upper thoracic paraspinal muscles, the trapezius muscle group is tender to palpation on the right, myospasm noted, AROM of the neck decreased in all ranges. Diagnoses include myoligamentous cervical spine sp/st, history of right shoulder surgery with rotator cuff repair, adhesive capsulitis and lateral epicondylitis. The patient remains at her permanent and stationary level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x week x 4 weeks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: Reviewed of the available medical records showed this patient has failed to response to conservative treatments include physical therapy, chiropractic, acupuncture, and medications. She has completed 12 chiropractic sessions with no evidences of objective functional improvement. Based on the guidelines cited above, the request is not medically necessary.