

Case Number:	CM14-0013725		
Date Assigned:	02/26/2014	Date of Injury:	12/07/2012
Decision Date:	07/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 licensed in Chiropractic Care 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 patient is a male, with a reported date of injury of 12/07/2012. No historical information of an accident was provided in this review. Per submitted documentation, the patient was treated with PT on 31 occasions from 11/05/2012 through 07/24/2013. The patient was also treated with acupuncture on 8 occasions from 06/07/2013 through 09/03/2013. On 02/11/2013, the medical provider recommended continuing a physical therapy program for the upper back and neck for 6 visits. On 07/24/2013, the patient underwent a cervical spine MRI with findings of tiny posterior bulging discs and posterior annular tears at C5-6 and C6-7 with the spinal canal and neural foramina at all levels widely patent. The most recent updated clinical record provided indicates the patient was seen in a medical follow-up on 01/08/2014. He reported being tired of the pain and requested patches for pain control which were helpful in the past. He reported past acupuncture and physical therapy sessions were helpful. He reported complaints of pain in the neck, upper back, mid back and shoulders with radiation to the right and left arm. The pain was associated with weakness in the left arm, was frequent in timing and of moderate intensity. He rated the pain severity at 6/10; 3/10 at its best with medication, and 7-8/10 at its worst. Average pain level in the prior 7 days was 5/10. Cervical spine examination revealed a full range of motion in all planes, mild tenderness to palpation over the bilateral cervical paraspinal muscles, no spinous process tenderness or masses palpable along with cervical spine, tenderness to palpation over the anterior aspect of the left shoulder, negative Hawkin's test, negative drop arm test, negative Yergason's test, and negative crossed arm abduction test. Motor strength 5/5 and symmetrical throughout the bilateral upper and lower extremities. Sensory exam grossly intact to light touch and pinprick throughout the upper extremities. Diagnoses were noted as cervicalgia, rotator cuff (capsule) sprain, and bicipital tenosynovitis. The physician requested 6 PT sessions

to the shoulder, and chiropractic physiotherapy for neck treatments at a frequency of 2 times a week for 5 weeks, for a total of 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2 x 5 visits for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

Decision rationale: ODG does not support the request for 10 sessions of chiropractic therapy for the neck. ODG chiropractic guidelines support a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has reportedly not yet been treated with chiropractic care, so there is no evidence of efficacy with care rendered during a 6-visit treatment trial in order to support care beyond the 6-visit treatment trial. As such, the request is not medically necessary.