

Case Number:	CM14-0016895		
Date Assigned:	04/11/2014	Date of Injury:	06/14/2012
Decision Date:	05/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Services 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:

This case concerns a 37 year old female who sustained injuries to her neck and right arm, hand and shoulder on 6/14/2012. Chief complaints per the specialty physician's follow up report are "pain into the right shoulder with radiation into right arm right elbow, wrist, hand and radiating into her right lateral neck." The patient has been treated with medications, psychotherapy, shoulder injections, home exercise program, physical therapy and chiropractic care (16 sessions). She has undergone right shoulder arthroscopy and bursectomy and is status post-surgery. The patient has also been provided a urine toxicology review. X-Ray study of the right shoulder is normal However, right shoulder MRI has revealed mild tendinosis of rotator cuff with subacromial and subdeltoid bursitis and intra-articular biceps tendonitis. Cervical spine MRI has evidenced a cyst at right T1 nerve root. EMG studies of the upper extremity have shown median nerve compromise on the left more than right. The patient has also been diagnosed with carpal tunnel syndrome. Diagnoses assigned by the PTP are right shoulder impingement and right cervical radiculopathy. The PTP is requesting 6 additional chiropractic sessions to the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 3 X WEEK FOR 2 WEEKS TO THE NECK AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient suffers from a chronic injury to her neck and shoulder. Per the records provided she is status temporary partially disabled. The PR2 reports provided for review present no evidence of objective functional improvement with the chiropractic care rendered thus far, as defined in the MTUS. The specialty physician states in his reports that chiropractic care has not improved the patient's condition. There are no records available to review from the treating chiropractor. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." As for the number of chiropractic sessions MTUS (ODG) Official Disability Guidelines, Neck Chapter recommends a trial of 6 visits over 2-3 weeks. MTUS Post-Surgical Treatment Guidelines for shoulder sprains and strains recommend 24 visits of physical medicine treatments over 14 weeks with improvement. There is no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions, the request for 6 chiropractic sessions to the neck and right shoulder to not be medically necessary and appropriate.