

Case Number:	CM14-0124294		
Date Assigned:	08/08/2014	Date of Injury:	05/22/2013
Decision Date:	09/11/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/06/2014

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, 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 42 year old female patient with chronic neck and right shoulder pain, date of injury 05/22/2013. Previous treatments include chiropractic, physical therapy, massage, psychiatric treatments, medications and home exercise program. Progress report dated 07/09/2014 from the treating chiropractor revealed right shoulder pain; right shoulder, arm and forearm/hand numbness; sub occipital headaches, cheek/jaw pain and numbness that radiates into right ear; right scapular numbness and right cervicothoracic pain. Objective findings include severely limited ROM of the cervical spine; moderate to severe pain was reported with ROM, weakness of Deltoid (3/5), wrist extensors on the right, dermatomes diminished on the right from C5-T2, subluxations: C2, C5, T3, T6, L4 and right SI joint. Diagnoses include right shoulder tendonitis, cervical subluxation and cervicobrachial syndrome. Treatment plan includes chiropractic and physiotherapy 1x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatment 1 time a week for 6 weeks, right shoulder, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd edition, pages 106, 111, 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain page 58-59. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flares-up - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Frequency: 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 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 Page(s): 58-59.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder>, Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: This patient's chronic neck and right upper extremity pain had been treated with medications, physical therapy, home exercises program, chiropractic and physiotherapy with no evidence of objective functional improvements. The patient had recently completed 6 sessions of chiropractic, physiotherapy starting 06/11/2014, there is no treatment records available, and no functional improvement documented. The request for additional 6 treatments to the shoulder also exceeded the guidelines recommendation. Therefore, the request for additional six chiropractic treatments for the neck and right shoulder is not medically necessary.