

Case Number:	CM14-0154136		
Date Assigned:	09/23/2014	Date of Injury:	02/07/2004
Decision Date:	11/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The patient is a 53-year-old female who was injured on 02/07/2004 due to cumulative trauma. She underwent cervical spine fusion. Progress report dated 08/14/2014 indicates the patient presented with complaints of cervical spine pain with stiffness and spasm. The patient also complains of right shoulder pain. On exam, the cervical spine revealed flexion at 20 degrees; extension at 20 degrees; left lateral flexion at 20 degrees; right lateral flexion at 20 degrees; left rotation at 20 degrees; right rotation at 20 degrees. There is spasm noted as well as tenderness of the paravertebral muscles. The right shoulder revealed positive tenderness of the right subacromial space. Motor strength is decreased in the right shoulder at 4/5. The patient is diagnosed with right shoulder internal derangement, right lateral epicondylitis; right ganglion cyst and post-operative cervical spine one-level fusion. The patient was recommended for chiropractic treatment to the neck and shoulder twice a week for 3 weeks. Prior utilization review dated 08/28/2014 states the request for Chiropractic 2 times a week for 3 weeks for the neck and right shoulder is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks for the neck and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back-Manipulation - ODG chiropractic guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: A review of the patient's records finds a lack of the specifics necessary to meet the California MTUS guidelines for chiropractic care. This request is for chiropractic treatment on a twice per week for 3 weeks basis to the neck and right shoulder. The guidelines allow for an initial trial of 6 visits within the first 2 weeks, with up to 18 within the next 6-8 weeks provided there is documentation to support such treatment. There is no documentation within the records stating whether this patient has had prior chiropractic treatments and, if so, how many and when? What functional gains were appreciated by the treatments rendered (if any)? Additionally, there is no documentation outlining what specific goals are to be achieved with the requested 6 chiropractic treatments in terms of a measurable functional improvement in capacity or the patient's participation in an active HEP (home exercise program) with eventual RTW (return to work). The request for chiropractic treatment for 2 x per week for 3 weeks, per the MTUS guidelines, is not medically necessary.