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| Case Number: | CM14-0169966 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 06/18/2013 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 52 year old female who sustained an injury to her neck, right shoulder, right arm and low back on 6/18/2013 as a result of performing her duties as a probation officer. The primary treating physician's progress report states "The patient complains of frequent neck and right shoulder pain which radiates to right arm." The patient has been treated with medications, physical therapy, acupuncture and chiropractic care with physiotherapy. An MRI study of the neck has revealed annular tear at C4-5 and a disc protrusion at C3-4 and C6-7. Diagnoses assigned by the primary treating physician is cervical radiculitis and right shoulder bursitis. The primary treating physician is requesting 6 additional sessions of chiropractic physiotherapy to the right arm, shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional chiropractic physiotherapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Shoulder Chapters, Manipulation Sections

Decision rationale: This patient suffers from a chronic injury to her neck, right shoulder and arm. She has received 30 prior chiropractic treatments, according to the notes provided in the records. The MTUS Chronic Pain Medical Treatment Guidelines page 58-59 state that Manual therapy and manipulation is "recommended for chronic pain if caused by musculoskeletal conditions. 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." The same section also states that manipulation is "recommended as an option." The MTUS Official Disability Guidelines, Neck and Shoulder chapters recommend additional chiropractic treatment with evidence of objective functional improvement. 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." Objective functional improvement is not shown with the past chiropractic care rendered. The chiropractic treatment records are not available in the records. Therefore, the request for 6 additional chiropractic sessions is not medically necessary.