

Case Number:	CM14-0181405		
Date Assigned:	11/06/2014	Date of Injury:	01/10/2011
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/31/2014

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 Board Certified in Chiropractic, has a subspecialty in Acupuncture 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 was a 64-year-old female with a date of injury of 1/10/2011. According to the progress report dated 9/25/2014, the patient complained of neck and bilateral shoulder pain. The neck pain was rated at 4-5/10 and 3/10 for the shoulder. Significant objective findings include decrease cervical range of motion, cervical paraspinal muscle tenderness, and no decreased sensation following a dermatomal pattern. There was tenderness in the right bicep tendon, acromioclavicular joint, and anterior deltoid. Muscle strength was 4/5 on right shoulder abduction and flexion. In regards to the left shoulder, there was tenderness in the bicep tendon and the acromioclavicular joint. Impingement sign was positive. Muscle strength was 4+ on abduction, flexion, and anterior and lateral deltoid muscles. There was no sign of instability. The patient was diagnosed with left shoulder pain status post arthroscopy and closed manipulation, right shoulder impingement syndrome, cervical strain, stress, possible cardiovascular problems, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions (bilateral shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic, Manipulation

Decision rationale: The Official Disability Guidelines recommend manipulation for cervical spine pain. For cervical strain, the guideline recommends a trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks is recommended. There were no records that the patient had prior chiropractic care, therefore an initial trial may be medically necessary for the patient's chronic neck pain. However, the provider's request for 8 chiropractic sessions exceeds the guidelines recommendation. Therefore, the provider's request is for Chiropractic sessions are not medically necessary.