

Case Number:	CM14-0028486		
Date Assigned:	06/16/2014	Date of Injury:	11/16/2009
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Board Certified 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 injured her neck and right shoulder on 11/16/2009. Chief complaints per the PTP's report are stated as follows "constant neck and upper back pain that radiates into the right upper back and right upper extremity region. Constant right shoulder pain described as an 8 in a 1-10 pain scale." Patient has been treated with medications, exercise program, physical therapy, TENS and chiropractic care. Diagnoses assigned by the PTP are cervical radiculopathy, muscle spasms and right shoulder impingement syndrome. MRI studies of the right shoulder has revealed right supraspinatus full thickness tear. MRI study of the cervical spine has revealed a 2 mm disc bulges at C3-4, C4-5 and C5/C6. An EMG/NCV study of the upper extremities has shown L5/S1 left sided lumbar radiculopathy. The PTP is requesting 12 additional chiropractic care sessions to the right shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 3X4 CERVICAL SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and Shoulder Chapters, Manipulation Section and Definitions Page 1.

Decision rationale: This patient suffers from a chronic injury to her neck and right shoulder with a full thickness tear confirmed on MRI. Surgery has not been performed. Future medical award has been issued by QME. The details are unknown. The patient has received chiropractic care for this injury per the records provided for review. However, the chiropractic treatment notes do not exist in the records submitted. MTUS Chronic Pain Medical Treatment Guidelines p. 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 ODG Neck and Shoulder Chapters, Manipulation Section, recommend manipulation contingent on objective functional improvement. 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 data does not exist in the records as defined by MTUS. I find that the request for 12 chiropractic sessions to the neck and right shoulder to not be medically necessary and appropriate.