

<b>Case Number:</b>	CM14-0029487		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 49-year-old female who reported an injury on 05/21/2001. The mechanism of injury was not provided. The diagnoses included left chronic rotator cuff tendonitis and C4-5 degenerative disc disease. Per the 03/07/2014 clinical note, the injured worker reported increased pain in the left shoulder and neck. She reported her old cervical pillow was flat and not supporting her. The injured worker also reported substantial improvement with prior chiropractic therapy and being able to decrease her medication. Physical examination findings included tightness of the left sternocleidomastoid and trapezius. The injured worker was able to flex and extend her cervical spine 20 degrees. Left shoulder abduction was noted to be 145 degrees. Internal and external rotation was painful at 80 degrees. The injured worker had a positive Hawkins sign and tenderness to palpation. Per the 05/21/2014 clinical note, the injured worker had a total of 6 chiropractic treatments. The injured worker reported having less pain at work and improvement with activities of daily living. The injured worker reported that her neck range of motion was 50% better after treatment. She stated she was encouraged to continue home massaging, stretching, and exercising. The prior treatments included medications and chiropractic care. The Request for Authorization Form for chiropractic care, cervical pillow, and plastic roller was submitted on 03/11/2014. The rationale for the requests was to decrease her pain and increase activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL PILLOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Procedure Summary.

**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, Pillow.

**Decision rationale:** The request for a cervical pillow is not medically necessary. The Official Disability Guidelines recommend the use of a neck support pillow while sleeping in conjunction with daily exercise. The medical records provided indicate the injured worker's old cervical pillow was no longer supporting her. The guidelines only recommend the use of a neck support pillow while sleeping. There is no indication the injured worker was using her cervical pillow to facilitate proper positioning while sleeping. The medical necessity for a new cervical pillow was not established. As such, the request is not medically necessary.

**CHIROPRACTIC SESSIONS (CERVICAL, AND LEFT SHOULDER):** Upheld

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

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

**Decision rationale:** The request for chiropractic sessions (cervical and left shoulder) is not medically necessary. The California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The guidelines state a time to produce effect of 4 to 6 treatments with a maximum duration of 8 weeks. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The medical records provided indicate the injured worker completed 6 visits of chiropractic care from 04/09/2014 to 05/12/2014. The records also indicate the injured worker received chiropractic care during 2013. The injured worker reported less pain at work and improvement with activities of daily living from chiropractic care. She was taught home massaging, stretching, and exercising. The total number of sessions the injured worker completed cannot be determined from the medical records provided. There is a lack of documentation regarding significant residual deficits requiring additional therapy. The medical necessity of additional chiropractic care over the continuation of a home exercise program was not established. In addition, the submitted request did not specify the quantity, frequency, or duration of therapy. As such, the request is not medically necessary.

**PLASTIC ROLLER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise  
Page(s): 46-47.

**Decision rationale:** The request for a plastic roller is not medically necessary. The California MTUS Guidelines state there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The medical records provided indicate the injured worker was participating in a home exercise program with the use of a plastic roller. She was encouraged by her chiropractor to continue home massaging, stretching, and exercising. The guidelines do not recommend a particular exercise regimen over any other exercise regimen. Therefore, the use of a plastic roller cannot be recommended over the injured worker's regular home therapy regimen of massage and stretching. As such, the request is not medically necessary.