

Case Number:	CM14-0043473		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2012
Decision Date:	07/31/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/10/2014

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 Texas. 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 37-year-old male with a date of injury of 10/12/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with neck, bilateral shoulders, and left upper extremity pain. Upon physical examination the injured worker's cervical spine range of motion was restricted. The left shoulder physical exam revealed tenderness to palpation, and range of motion was slightly decreased on flexion and abduction. In addition, the left shoulder was positive for impingement. The clinical documentation indicated the injured worker underwent cervical epidural steroid injections on 11/14/12, the effects of which were not provided within the documentation available for review. EMG/NCV of the left upper extremity performed on 7/31/13 were normal, without electrodiagnostic evidence of acute chronic cervical radiculopathy or cervical nerve root involvement. According to the clinical documentation, the injured worker previously participated in physical therapy, acupuncture, and chiropractic care, the results of which were not provided within the documentation available for review. The injured worker's diagnosis included cervical radiculopathy, status post cervical fusion, left shoulder impingement syndrome, and gastropathy secondary to taking pain medications. The injured worker's medication regimen included Norco and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiro 3X4 - Cervical, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in this patient's therapeutic exercise program and return to productive activities. The guidelines state the time to produce effect is 4 to 6 treatments with a frequency of 1 or 2 times a week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Clinical documentation provided for review indicates the injured worker previously participated in chiropractic care. There is a lack of documentation related to the therapeutic and functional benefit related to the previous chiropractic care. The guidelines state that the time to produce effect would be 4 to 6 treatments. In addition, the request for an additional 12 chiropractic sessions exceeds the recommended guidelines. Therefore, the request is not medically necessary.