

Case Number:	CM14-0045858		
Date Assigned:	07/02/2014	Date of Injury:	09/02/2009
Decision Date:	09/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Interventional Spine, 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 41-year-old female with a date of injury of 09/02/2009. The listed diagnoses per Dr. [REDACTED] are: 1. Cervical strain and sprain with herniated disk and cervical radiculopathy. 2. Carpal tunnel syndrome bilaterally. 3. Right shoulder impingement with tendonitis. 4. Status post right shoulder arthroscopy, 10/11/2013. According to progress report, 03/20/2014, the patient presents with continued neck pain that spreads into her shoulders. She describes the pain as severe and burning. Patient is instructed to continue with medication and the treater requests chiropractic treatment. Examination of the cervical spine revealed palpable tenderness and trigger points activity throughout the cervical paraspinal musculature extending into the interscapular region. The pain extends into the right upper extremity with cervical compression into the right. This is a request for chiropractic treatment 3 times a week for 4 weeks for the shoulder and neck. Utilization review denied the request on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3x4 for right shoulder and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient is status post right shoulder arthroscopic surgery on 10/11/2013 and continues to experience neck and shoulder pain. The treater is requesting chiropractic treatments 3 times a week for 4 weeks for the right shoulder and neck. Utilization review denied the request stating patient has had "extensive" physical therapy and chiropractic treatments. The medical file provided for review includes progress reports from 10/23/2013 through 03/20/2014 which provides no discussion of prior chiropractic care. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, the treater's request for 12 sessions exceeds what is recommended by MTUS. The request is not medically necessary.