

Case Number:	CM14-0046913		
Date Assigned:	07/02/2014	Date of Injury:	09/21/1990
Decision Date:	09/25/2014	UR Denial Date:	03/14/2014
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 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:

According to the available medical records, this is a 63 year old female patient with chronic right shoulder pain and a date of injury 09/21/1990. Previous treatments include chiropractic, physiotherapy, thoracic outlet surgery and home exercises. A report dated 02/20/2014 by the treating doctor revealed patient presented with exacerbation of her low back, neck, right shoulder and right upper extremity pain. Pain complaints are aggravated by prolonged static postures particularly neck flexion and strenuous use of the right upper extremity. It's a diffuse ache with extension into the right upper extremity but with localized pain about the shoulder. Apparently she is status post thoracic outlet surgery of some form. There is morning stiffness and increased in symptoms in the p.m. directly related to activity level that day. Exam revealed mild and lower cervical tenderness, asymmetry/subluxation with reduced vertebral segmental mobility C6-C7, mild muscular guarding, restricted ROM globally, most notably lateral flexion and extension, hypertonicity of trapezius, painful arc at mid range on abduction but no significant restriction and painful Hawkins. Diagnostic impression includes exacerbation of chronic mechanical neck and upper back pain, status post thoracic outlet syndrome and possible impingement. Follow up report dated 02/25/2014 revealed unchanged examination. Plan to continued passive physical therapy, spinal mobilization and wall walking exercise. On 03/03/2014, patient report less painful end range chronic cervical dysfunction, improved abduction. There is no exam report. The patient has completed 3 chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic care for the right upper extremity and the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the medical records provided for review, the patient has completed 3 chiropractic and passive therapy treatments from 02/20/2014 to 03/03/2014 with no signs of objective progress and no active self-directed home therapy prescribed. Based on the guidelines cited, the request for 6 chiropractic treatments to the neck and upper extremities is not medically necessary.