

Case Number:	CM14-0178039		
Date Assigned:	10/31/2014	Date of Injury:	12/06/2011
Decision Date:	01/05/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 24-year old female patient with a date of injury on 12/6/2011. The mechanism of injury occurred when a cart she was pushing struck her knees. She felt pain through her right shoulder as she attempted to pick up the cart. In a progress noted dated 6/30/2014, the patient complained of pain, stiffness and tightness in her neck. She also complained of pain in right shoulder that increases with above-shoulder-level activities. Pain is present in her mid-back and in low back. Objective findings: tenderness to palpation in paracervical region with muscle guarding, tenderness to palpation over anterior aspect of both shoulders, decreased range of motion of the right shoulder in abduction, internal rotation and external rotation. The diagnostic impression showed cervical strain, right shoulder strain, thoracic strain, and lumbar strain. Treatment to date: medication management, behavioral modification, physical therapy, chiropractic therapy. A UR decision dated 10/13/2014 denied the request for Chiropractic therapy 2 times a week for 4 weeks of the lumbar/cervical spine and right shoulder. The rationale provided regarding the denial was that the claimant had an unknown amount of physical therapy/chiropractic sessions, and there were no subjective benefits noted from these previous sessions. Likewise, no objective improvement from physical therapy and chiropractic sessions were documented. There was no documentation as to why the claimant was not able to continue with rehabilitation on a home exercise program basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x4 week of the lumbar and cervical spine and right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. However, in the 6/30/2014 progress report, the subjective and objective functional improvements from previous chiropractic sessions were not discussed. No rationale was provided regarding why this patient required additional chiropractic sessions. Furthermore, the precise number of total chiropractic sessions that the patient previously had was unclear. Therefore, the request for Chiropractic therapy 2x4 week of the lumbar and cervical spine and right shoulder was not medically necessary.