

Case Number:	CM14-0189675		
Date Assigned:	11/20/2014	Date of Injury:	03/20/2014
Decision Date:	01/08/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 Neurology 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 Injured Worker (IW) is a 46 year old male with a date of injury of 3/20/14. The mechanism of injury is reported to be involvement in a motor vehicle accident. The IW was struck by another vehicle in an intersection. The IW did not report a loss of consciousness and was wearing a seatbelt at the time of the accident. The IW reports pain in the cervical spine, lumbar spine and left shoulder. The IW was diagnosed with a cervical strain, left rotator cuff tendinitis and impingement syndrome, and a lumbar strain. The physical examination of the cervical spine obtained from a progress note dated 6/18/2014 is reported as a decreased range of motion with 70 degrees of flexion and extension in addition to 80 degrees of lateral rotation to the left and right. The IW reports that when he rotates to the left, this reproduces his right sided neck stiffness. The initial assessment of the IW on 4/1/14, however, reports the IW has full range of motion of the cervical spine. The remaining portion of the physical examination is unremarkable. The IW has previously completed his prescribed six chiropractic sessions for manipulation of his cervical spine and reports a 75 percent reduction in pain as a result. The IW was also previously prescribed eight sessions for the treatment of his left shoulder. An additional request for six chiropractic therapy visits and six physical therapy visits were determined to not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six Chiropractic therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59.

Decision rationale: The IW has previously been treated with chiropractic manipulation for the cervical spine for a total of eight treatments. Per the initial examination provided, the IW is reported to have full range of motion of the cervical spine. In a following examination cited above from 6/18/2014, the IW reports right sided neck stiffness when rotating to the left. The IW also is demonstrating decreased range of motion in all planes tested during this exam as well. Since this exam (6/18/2014) is after the chiropractic manipulation treatments to the cervical spine, the IW is not showing objective improvement (again, initial examination is reporting normal range of motion of the cervical spine). Per the guidelines regarding manipulation in the Chronic Pain Medical Treatment Guidelines, if manipulation is going to be effective, there should be outward signs of objective or subjective improvement. Since the reported cervical spine exam is showing decreased range of motion and stiffness with rotation, there is no objective evidence to support continued therapy. Therefore, this request for Chiropractic Therapy is not medically necessary.

Six Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The IW has previously been prescribed eight physical therapy sessions for what is reported to be left shoulder rotator cuff left tendinitis and impingement syndrome. Since this pain can be classified as a form of an inflammatory process causing muscle pain (myalgia), the recommend treatments per the physical medicine guidelines contained within Chronic Pain Medical Treatment Guidelines is 9 to 10 visits over an 8 week period. Since the IW has already previously completed eight physical therapy sessions, the request for an additional six sessions exceeds the recommend amount and is therefore not medically necessary.