

Case Number:	CM14-0196383		
Date Assigned:	12/04/2014	Date of Injury:	03/22/2013
Decision Date:	01/15/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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:

The injured worker is a 62 year old female who sustained injuries to her neck and upper extremities on 3/22/2013 as a result of repetitive keyboarding and sitting for long hours. Per the primary treating physician's progress report the injured worker complains of neck and right shoulder pain. The injured worker has been treated with medications, Transcutaneous Electrical Nerve Stimulation (TENS), home exercises and physical therapy. Diagnoses assigned by the primary treating physician are cervical sprain/strain, right shoulder impingement, rotator cuff strain and biceps tendonitis. A magnetic resonance imaging (MRI) study of the right shoulder shows mild to moderate rotator cuff tendinosis with intrasubstance degeneration and mild thickening of supraspinatus, moderate tenosynovitis of proximal biceps tendon, degeneration of superior labrum and tear of the posterior inferior glenoid labrum. The primary treating physician is requesting an initial trial of 12 chiropractic sessions to the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 Times a Week 4 Weeks, Neck, Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Shoulder Chapters, Manipulation Sections

Decision rationale: This injured worker suffers from a chronic injury to her neck and right shoulder. The injured worker is status post right shoulder surgery performed in 2009. The date of injury in this case is 2013. In this case, the Post-Surgical Treatment Guides do not apply. The injured worker has not received prior chiropractic care for this 2013 injury. The MTUS Chronic Pain Medical Treatment Guidelines and MTUS ODG Neck and Shoulder Chapters recommend a trial of manipulative therapy, 6 sessions over 2 weeks. In this case, the requested 12 sessions exceeds the 6 recommended by The MTUS. The request for Chiropractic 3 Times a Week 4 Weeks, Neck, Shoulder is not medically necessary.