

Case Number:	CM15-0101309		
Date Assigned:	06/03/2015	Date of Injury:	12/07/2012
Decision Date:	07/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 48-year-old female, who sustained an industrial injury on 12/7/12. She reported tightness and pulling sensation in the right shoulder, right elbow and forearm after lifting a heavy bag of trash; she later complained of neck pain. The injured worker was diagnosed as having brachial neuritis or radiculitis, shoulder impingement, sprains and strains of wrist and carpal tunnel syndrome. Treatment to date has included acupuncture, chiropractic treatments, and oral medications including opioids, physical therapy, injection in neck and subacromial cortisone injection to right shoulder. Currently, the injured worker complains of continued, but improving cervical spine pain. The injured worker noted improved range of motion with acupuncture and chiropractic treatments. It is noted she may return to regular work. Physical exam noted tenderness to paravertebral muscles with spasm and restricted range of motion, exam of right shoulder revealed tenderness to palpation and restricted range of motion and medial and lateral aspects of the elbow are tender to palpation. The treatment plan included continuation of chiropractic care, additional course of acupuncture and chiropractic care, continuation of oral medications and (MRI) magnetic resonance imaging of right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic 3x4 weeks for cervical spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: The patient complained of neck pain and tightness and pulling sensation in the right shoulder. Records indicate that the patient received prior chiropractic care. According to the progress report dated 4/23/2015, the patient completed 10 chiropractic sessions. The provider noted that chiropractic care was helping in the note dated 5/21/2015. However, there was no evidence of objective functional improvement from prior chiropractic care. Therefore, the provider's request for 12 additional chiropractic sessions for the cervical spine and right shoulder is not medically necessary at this time.