

Case Number:	CM15-0101960		
Date Assigned:	06/04/2015	Date of Injury:	02/13/2014
Decision Date:	07/02/2015	UR Denial Date:	05/20/2015
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: Emergency 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 44 year old female, who sustained an industrial injury on 02/13/2014. The injured worker reported left lower neck/upper back pain after she had started working 10 hour shift on the keyboard at world. On provider visit dated 03/09/2015 the injured worker has reported constant cervical pain, thoracic pain and left upper arm pain and weakness. On examination, the cervical spine was noted as decreased range motion. She was noted to have straightening of the cervical lordosis and increase in the upper thoracic kyphosis. Muscle guarding and tenderness was noted in the upper thoracic area, left shoulder AC joint and cervical paraspinal regions. The diagnoses have included cervical strain/sprain, thoracic strain/sprain and cervical brachial radiculopathy. Treatment to date has included chiropractic therapy, medication, trigger point injections and physical therapy. The injured worker was noted to be working with restrictions. The provider requested Chiropractic therapy times 6 and MRI of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro times 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60 of 127.

Decision rationale: The patient sustained an injury in February of 2014. She reports neck and upper back pain as well as left upper arm pain. Diagnoses have included cervical strain and brachial radiculopathy. She has undergone chiropractic therapy. The MTUS guidelines state that active in home therapy vs. passive manipulation is associated with better clinical outcomes. The maximum duration of treatment should be 8 weeks. The patient has exceeded the post injury passive manipulation requirement and therefore, the request is not medically necessary. At home, active treatment would be indicated at this time.

MRI (L) shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203.

Decision rationale: The patient sustained an injury in February of 2014. She reports neck and upper back pain as well as left upper arm pain. Diagnoses have included cervical strain and brachial radiculopathy. She has undergone chiropractic therapy. The MTUS guidelines state that an MRI is indicated when there are "red flags" present to suspect certain conditions. These red flags include tumor, infection, fracture, dislocation, or acute labral or rotator cuff tear. There is insufficient documentation or physical exam findings to support the need for an MRI. Therefore, the request is not medically necessary.