

Case Number:	CM15-0105552		
Date Assigned:	06/09/2015	Date of Injury:	05/05/2011
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55-year-old female with an industrial injury dated 05/05/2011. The injured worker's diagnoses include cervical sprain/strain, thoracic sprain/strain, and right shoulder sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/06/2015, the injured worker reported pain in the cervical spine, thoracic spine and right shoulder. Right shoulder exam revealed tenderness to palpitation of the anterior shoulder, lateral shoulder and posterior shoulder with muscle spasms and positive impingement. The treating physician prescribed services for chiropractic care for the right shoulder, 2 times a week for 4 weeks, once monthly ROM (range of motion) studies and acupuncture for the right shoulder 2 times a week for 4 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the right shoulder, 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Chiropractic care for the right shoulder, 2 times a week for 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for chiropractic care the time to produce effect: 4 to 6 treatments. The request for 8 visits exceeds the recommended 6 visit trial. Additionally, the patient had prior chiropractic care and there is no evidence of objective functional improvement from these sessions therefore additional chiropractic care is not medically necessary.

Once monthly ROM (range of motion) studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170,171. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck – Flexibility, Low back - flexibility.

Decision rationale: Once monthly ROM (range of motion) studies is not medically necessary per the MTUS and the ODG guidelines. The ODG states that flexibility is not recommended as a primary criteria for the neck and low back and this should be part of the routine history and physical exam. The relation between back range of motion measures and functional ability is weak or nonexistent. The MTUS ACOEM guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. The documentation is not clear on how range of motion testing will change the treatment plan for this patient and why muscle testing cannot be performed as part of a routine history and physical exam. Furthermore, the request does not specify a body part for range of motion testing. The request for specialized ROM (range of motion) studies is not medically necessary.

Acupuncture for the right shoulder 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture for the right shoulder 2 times a week for 4 weeks is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture therefore this request is not medically necessary.