

Case Number:	CM15-0143366		
Date Assigned:	08/06/2015	Date of Injury:	04/06/1999
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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 63 year old female, who sustained an industrial injury on 4-6-99. The diagnoses have included chronic lumbar pain with radiculopathy, history of lumbar fusion, spinal cord stimulator implant, history of right hip arthroplasty, and bilateral shoulder tendinosis with history of right shoulder surgery, bilateral carpal tunnel syndrome with history of release on the left, depression and anxiety. Treatment to date has included medications, activity modifications, diagnostics, stimulator, right hip surgery, walker, physical therapy, home exercise program (HEP) and psychiatric. Currently, as per the physician progress note dated 6-10-15, the injured worker complains of worsening of the neck, shoulder and upper extremity pain. She complains of weakness and shoulder and neck pain. She states that the low back and lower extremity symptoms continue to respond well to the stimulator. The physical exam reveals that she uses a walker to ambulate and there is tenderness over the lumbar spine with decreased range of motion. There is limited range of motion of the bilateral shoulders with positive impingement on the left side. There is no previous therapy sessions noted in the records and there is no previous diagnostic reports noted. The current medications are not listed. The physician requested treatment included Twelve (12) chiropractic therapy sessions, 2 times a week for 6 weeks to the right shoulder, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic therapy sessions, 2 times a week for 6 weeks to the right shoulder, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); www.odg-twc.com; Section: Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute and chronic).

Decision rationale: The California Chronic Pain Medical Treatment guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The Official Disability guideline states that it is not advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. According to the progress reported 6/19/2015, the provider reported that chiropractic treatments in the past have been beneficial for the neck, bilateral knees, and shoulders. However, there was no documentation of functional improvement from prior chiropractic sessions. Therefore, the provider's request for 12-chiropractic session for the right shoulder is not medically necessary at this time.