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| Case Number: | CM15-0146956 | | |
| Date Assigned: | 08/07/2015 | Date of Injury: | 06/10/2014 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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 34 year old female who sustained an industrial injury on 6-10-14. In a progress report dated 6-11-15, the primary treating physician notes complaints of constant pain of the right side of the neck, upper back, and right shoulder pain. Pain is rated at 7 out of 10. It is noted that right upper extremity numbness has improved over time. She reports intermittent shooting pain of the right elbow. Medication is Ibuprofen, which she takes when pain is severe. Diagnoses are cervical sprain-strain neck, cervical radiculitis, thoracic sprain-strain, myofascial pain, scapular dysfunction, and chronic pain syndrome. Tenderness to palpation is noted of the right lateral epicondyle, which improves when the arm is raised to shoulder height. Previous treatment noted includes chiropractic and physical therapy. The treatment plan is Naproxen, continue transcutaneous electrical nerve stimulation, physical therapy 8 sessions for cervical spine and right shoulder and then transition to home exercise program, and recommended she join a gym. Work status is to return to modified work on 5-21-15. The requested treatment is chiropractic 12 times for thoracic, cervical and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 12 for thoracic, cervical 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): pages 58/59.

Decision rationale: The 7/16/15 UR determination denied the treatment request for 12 Chiropractic visits to manage the patient's thoracic spine, cervical spine and right shoulder. The reviewed medical report requesting the 12 Chiropractic visits documented functional deficits that would support an initial trial of manipulative care that per CAMTUS Chronic Treatment Guidelines is 6 sessions. The reviewed records do not support the medical necessity for 12 Chiropractic sessions or comply with referenced CAMTUS Chronic Treatment Guidelines.