

Case Number:	CM15-0160417		
Date Assigned:	08/26/2015	Date of Injury:	10/30/2014
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 53 year old female who sustained a work related injury October 30, 2014. According to a primary treating physician's report, dated July 28, 2015, the injured worker presented for follow-up evaluation and for review of the MRI of the shoulders. An MRI of the left shoulder dated June 13, 2015, (report present in the medical record) revealed mild rotator cuff tendinosis, no evidence of tear; mild to modest degenerative arthritic changes of the acromioclavicular joint. An MRI of the right shoulder dated June 13, 2015, (report present in the medical record) revealed rotator cuff tendinosis, no definite tear; small subcortical cyst posterosuperior lateral humeral head; modest degenerative hypertrophic change of the acromioclavicular joint. Current medication included Naproxen, Omeprazole, Carisoprodol, and Norco. Physical examination revealed; cervical spine-spasm present in the paraspinal muscles and tenderness to palpation, sensory reduced in bilateral median nerve dermatomal distribution, right and left cervical compression and Spurling's are negative; shoulders- range of motion left and right restricted, impingement sign positive left and right; elbows-tenderness to pressure over the bilateral elbows, Cozen's positive right and left and Tinel's negative, right and left. Impressions are carpal tunnel syndrome; cervical sprain; derangement of joint, not otherwise specified of shoulder; lateral epicondylitis. At issue, is the request for authorization for chiropractic care 3 x 2 weeks for the neck and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 3x2 weeks for Neck and Bilateral Shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was established. The previous reviewer modified the request to certify 3 treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 6 treatments are consistent with this guideline. The claimant has undergone a course of therapy that failed to resolve her complaints. Given the clinical findings on examination a clinical trial of 6 chiropractic treatments can be considered appropriate.