

Case Number:	CM15-0162852		
Date Assigned:	08/31/2015	Date of Injury:	11/17/2014
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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: Chiropractic

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 52 year old female, who sustained an industrial injury on 11-17-2014. She reported injury to the neck and bilateral shoulders from repetitive use. Diagnoses include cervical sprain-strain, bilateral shoulder impingement syndrome, bilateral elbow strain-sprain, cubital tunnel syndrome, and left and right hand surgery on 6-16-15. Treatments to date include chiropractic therapy. Currently, she complained of pain in the neck and upper back, bilateral elbows, with improvement with regards to the shoulders. On 7-10-15, the physical examination documented crepitus in the neck with range of motion, in the shoulders, and tenderness to the elbows. The plan of care included a request to authorize twelve additional chiropractic therapy sessions, twice a week for six weeks, to treat the cervical spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x6 cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Shoulder/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical spine and shoulder injury in the past. The records reviewed indicate that 6 prior sessions have been approved. The PTP also reports that the patient has received prior chiropractic care for the past 20 years. However, the past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the PTP's treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement but is silent on the cervical spine and does not recommend manipulation for the shoulder. The ODG Neck & Upper Back Chapter recommends up to 18 chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The ODG also recommends manipulation for the shoulder. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There has been no objective functional improvements with the care in the past per the primary treating physician's progress notes reviewed. The chiropractic records are not present and the 12 additional sessions requested far exceed The ODG recommendations. I find that the 12 additional chiropractic sessions requested to the cervical spine and bilateral shoulders to not be medically necessary and appropriate.