

Case Number:	CM15-0167010		
Date Assigned:	09/14/2015	Date of Injury:	10/15/1998
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This 60 year old female sustained an industrial injury on 10-15-98. Documentation indicated that the injured worker was receiving treatment for neck and bilateral shoulder and upper extremity injuries. Recent treatment consisted of medication management. Previous treatment included physical therapy, bilateral carpal tunnel release, right ring trigger finger release, upper back surgery and medications. In PR-2's dated 2-3-15 and 4-21-15, the injured worker complained of pain to the neck, bilateral elbows, wrists, hands and fingers rated 7-10 out of 10 on the visual analog scale. In a qualified medical evaluation dated 7-30-15, the injured worker complained of pain to the cervical spine, thoracic spine, right shoulder, left shoulder and bilateral hands, rated 6-9 out of 10. Physical exam was remarkable for cervical spine with range of motion flexion 40 degrees, extension 40 degrees, right lateral bending 30 degrees, left lateral bending 35 degrees, right rotation 70 degrees and left rotation 60 degrees and tenderness to palpation of the cervical spine paraspinal with spasms. Thoracic spine exam showed tenderness to palpation of the paraspinal musculature with spasms and normal range of motion. Right shoulder had tenderness to palpation and positive Neer's tests and left shoulder had tenderness to palpation and positive Hawkin's test. The treatment plan included urine toxicology testing, chiropractic physiotherapy twice a week for three weeks for the cervical spine, thoracic spine and bilateral shoulders and topical compound creams. On 8-12-15, Utilization Review noncertified a request for chiropractic physiotherapy twice a week for three weeks for the cervical spine, thoracic 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 Physiotherapy 2 times a week for 3 weeks for Cervical Spine, Thoracic Spine and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The claimant presented with chronic pain in the neck, upper back, bilateral shoulder, and bilateral carpal tunnel syndromes. There is no document of prior chiropractic treatments with the available medical records. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week for low back pain, chiropractic manipulation only recommended for frozen shoulder. Official Disability Guidelines might recommend up to 9 visits for acute shoulder sprain/strain, if there are evidences of objective functional improvement documented in 2-3 visits. In this case, the claimant's shoulders complains is 7 years ago. Based on the guidelines cited, the request for 6 chiropractic visits for the neck, upper back, and shoulder is not medically necessary.