

Case Number:	CM15-0168004		
Date Assigned:	09/08/2015	Date of Injury:	12/12/2014
Decision Date:	10/13/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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 59 year old female who sustained an industrial injury on 12-12-14. Diagnoses are sprain-strain cervical spine, sprain-strain lumbar spine, shoulder impingement syndrome-left, with internal derangement and superior labral tear from anterior to posterior lesion, lateral epicondylitis-left, sprain-strain left wrist, and anxiety-depression. Previous treatment includes medications, at least 13 sessions of physiotherapy, at least 3 sessions of acupuncture, and at least 6 sessions of chiropractic treatment, MRI-left shoulder on 1-30-15, and a functional capacity evaluation. In a progress report dated 6-19-15, the treating physician notes. she walks with a normal gait. There is tenderness to palpation over the bilateral paracervical musculature and active range of motion is full. The thoracolumbar spine is negative for straight leg raise and femoral nerve stretch test. The left shoulder exam reveals positive impingement tests and limited active range of motion. Combing her hair, running errands, opening jars and sleep are noted to be performed with much difficulty. Work status is to remain off work until 7-17-15. The treatment plan is Naproxen, Omeprazole, Xanax, acupuncture, continue chiropractic treatment, home exercise, and to use an interferential 4 unit for pain symptoms of the neck, low back and left shoulder. The requested treatment is additional chiropractic treatment 1 time a week for 4 weeks and evaluation to the neck, low back and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Evaluation and 1x week x 4 weeks to Neck, Low Back, and Left Shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Low Back, Shoulder/Manipulation.

Decision rationale: The patient has received chiropractic care for her cervical spine, lumbar spine and left shoulder injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the 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 it does not recommend manipulation for the shoulder. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter recommends up to 18 sessions over 6-8 weeks. 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 treating chiropractor's progress notes reviewed. The patient has not returned to work. I find that the 4 additional chiropractic sessions requested to the cervical spine, lumbar spine and left shoulder are not medically necessary and appropriate.