

Case Number:	CM15-0191731		
Date Assigned:	10/05/2015	Date of Injury:	03/10/2009
Decision Date:	12/11/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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 is a 51-year-old female with a date of industrial injury 3-10-2009. The medical records indicated the injured worker (IW) was treated for right rotator cuff tear, status post rotator cuff repair and left shoulder impingement status post subacromial decompression. Some of the documentation was difficult to decipher. In the progress notes (5-1-15, 6-5-15), the IW reported pain and decreased range of motion in the shoulders, worse on the right. On 6-5-15, she reported continued neck pain with bilateral upper extremity pain and weakness. Her activities of daily living were decreased due to pain. On examination (5-1-15, 6-5-15 notes), there was weakness in the bilateral shoulders. Speed's test and crepitation was positive bilaterally. Range of motion (in degrees) on the left was 135, 100 and to T12; on the right was 130, 130 and to L3. Treatments included injections, right and left shoulder arthroscopies (right-2011, left-2013) and postoperative physical therapy. Medications included Voltaren gel and Soma. The IW was 'permanent and stationary'. A Request for Authorization was received for 12 outpatient chiropractic manipulation treatments for the cervical spine, two sessions per week for six weeks. The Utilization Review on 9-9-15 non-certified the request for 12 outpatient chiropractic manipulation treatments for the cervical spine, two sessions per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 outpatient chiropractic manipulation treatment for the cervical spine, 2 sessions per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with chronic neck, back, and shoulders pain. Previous treatments include medications, shoulder surgeries, chiropractic, and physical therapy. According to the available medical records, the claimant has had chiropractic treatment previously. However, total number of visits is unknown, and treatment outcomes are not documented. There is no document of recent flare-ups and the request for 12 chiropractic visits exceeded MTUS guidelines recommendation for flare-ups. Based on the guidelines cited, the request for 12 chiropractic visits is not medically necessary.