

Case Number:	CM15-0194813		
Date Assigned:	10/08/2015	Date of Injury:	02/14/2007
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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 73 year old female who sustained an industrial injury on 02-14-2007. A review of the medical records indicated that the injured worker is undergoing treatment for degenerative joint disease with cervical disc protrusion, cervical radiculopathy, and left rotator cuff tendonitis and impingement syndrome. The injured worker is status post right shoulder rotator cuff repair in 2007. According to the treating physician's progress report on 09-09-2015, the injured worker was evaluated for the neck and shoulders. Examination of the cervical spine demonstrated tenderness to palpation in the paravertebral and trapezius muscles with increased pain with neck movement. Range of motion was documented as flexion at 30 degrees, extension at 20 degrees, right lateral bending at 40 degrees, left lateral bending at 30 degrees, right lateral rotation at 35 degrees and left lateral rotation at 30 degrees with negative Spurling's, Adson's and Wright maneuvers. Examination of the bilateral shoulder girdles noted periscapular and trapezius tenderness without winging and negative Tinel's and no tenderness over the brachial plexus and thoracic outlet. The right shoulder was non-tender, no paresthesias with shoulder motion and negative for impingement, grind, apprehension and relocation signs. The rotator cuff, deltoid and biceps strength was 4 out of 5. The left shoulder demonstrated tenderness to palpation over the anterior rotator cuff with mild acromioclavicular joint and bicipital tenderness. Positive impingement and grind signs were present with negative apprehension and relocation signs. No paresthesias with shoulder motion or instability were noted. The rotator cuff, deltoid and biceps strength was 4 out of 5. Decreased sensation in the C6-C7 and medial nerve distribution in the bilateral upper extremities was present. There was no motor weakness or reflex asymmetry in the upper extremities. Cervical spine magnetic resonance imaging (MRI) performed on 09-04-2015 with official impression included in the review noted "advanced discogenic disease at C4-C5 and

C5-C6 and mild discogenic disease at C6-C7; moderately severe right neural foraminal stenosis at C5-C6 and mild central spinal stenosis asymmetric towards the right C4-C6." An Electromyography (EMG) and Nerve Conduction Velocity (NCV) study performed on 09-03-2015 was interpreted as normal. Prior treatments have included diagnostic testing, surgery, physical therapy, chiropractic therapy (6 sessions documented between January 2015 and February 2015) and medications. Current medications were not noted. Treatment plan consists of 12 chiropractic therapy sessions for the cervical spine and right shoulder. On 09-22-2015, the Utilization Review determined the request for 12 chiropractic therapy sessions for the cervical spine and right shoulder was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy sessions for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back chapter, Manipulation and Chiropractic Guidelines.

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

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. 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 12 treatments exceed this guideline. Moreover, this claimant has undergone an extensive course of chiropractic treatment with no evidence of lasting functional improvement. Therefore, the medical necessity for the requested 12 additional chiropractic treatments was not medically necessary.