

Case Number:	CM15-0204969		
Date Assigned:	10/22/2015	Date of Injury:	01/09/2013
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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, Minnesota

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 49 year old female, who sustained an industrial injury on 01-09-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain, right shoulder pain, sleep deficits, anxiety and depression. Medical records (02-11-2015 to 09-22-2015) indicate ongoing neck pain, and right shoulder pain with and swelling with numbness and tingling in the right arm. Pain levels were rated 0 out of 10 in severity on a visual analog scale (VAS). Records also indicate worsening loss of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-22-2015, revealed decreased sensation at the C5-6 level bilaterally, cervical pain and muscle spasms. Relevant treatments have included: cervical epidural steroid injections with some relief, physical therapy (PT), unknown amount of chiropractic treatments with unknown benefit, work restrictions, and pain medications. The treating physician indicates that a MRIs showed a full thickness supraspinatus tear in the right shoulder, and multilevel mild disc bulging in the cervical spine. The request for authorization (09-22-2015) shows that the following treatment was requested: 6 sessions of chiropractic manipulation for the right shoulder and neck. The original utilization review (10-02-2015) non-certified the request for 6 sessions of chiropractic manipulation for the right shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation x 6 sessions for right shoulder and neck: Overturned

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 6 sessions of chiropractic manipulation for the shoulder and neck. The request for treatment (6 visits) is within the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order for the patient to receive more treatment the doctor must document objective functional improvement from these 6 approved visits.