

Case Number:	CM15-0023081		
Date Assigned:	02/12/2015	Date of Injury:	04/04/2011
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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:

According to the available medical records, this is a 49 year old female with chronic pain in the knee, shoulder, hand, arm, neck, back and foot, date of injury is 04/04/2011. Previous treatments include medications, injections, physical therapy, and home exercises. Progress report dated 01/09/2015 by the treating doctor revealed patient with 7/10 pain the base of her neck radiating into bilateral shoulders. Neck exam noted tenderness in muscles around C7 and bilateral trapezeii, diminished sensation in left arm, positive Cervical compression test on the left for radicular irritation. Left shoulder exam noted tenderness over the trapezius, mild tenderness over the junction between bicep and triceps lateral upper arm, mild tenderness over the ac joint, sensation is decreased to light touch in left arm and hand compare to right. The patient continued full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy 2x3 for the neck and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual Medicine is the achievement of positive symptomatic or objective measurable gains n functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. Low back: 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. Elective/maintenance care - Not medically necessary. Recurrence/flare-ups - need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with ongoing neck and shoulders pain. Reviewed of the available medical records showed the claimant has completed 6 chiropractic treatment sessions with no evidences of objective functional improvement. The claimant actually reported increased in pain level from 4/10 to 07/10 on VAS. Based on the guidelines cited, the request for additional 6 chiropractic treatment therapy is not medically necessary and appropriate.