

Case Number:	CM15-0215761		
Date Assigned:	11/05/2015	Date of Injury:	04/20/2011
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 4-20-2011. The injured worker is undergoing treatment for: right shoulder and neck pain. On 10-7-15, she reported pain of the right suprascapular fossa with right upper extremity radiating pain and associated tingling. She also reported migraine headaches, altered gait, right hand swelling. She is noted to be seeing a chiropractor. Physical examination revealed a normal gait, positive right brachial plexus stretch, tenderness over the right brachial plexus, positive roos, negative spurling's on the right, decreased right upper extremity strength, and tenderness in the neck. There is no discussion of the efficacy of the already completed chiropractic sessions. The treatment and diagnostic testing to date has included: multiple sessions of chiropractic therapy and medications. Medications have included: cyclobenzaprine, maxalt. Current work status: full duty. The request for authorization is for: continued chiropractic treatment 3 x per week to the right shoulder and cervical areas. The UR dated 10-29-2015: non-certified the request for chiropractic treatment 3 x per week to the right shoulder and cervical areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Chiropractic Tx 3 X Week X 4 weeks To Rt Shoulder/Cervical Areas: Upheld

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: The 53 year old patient complains of neck pain/stiffness, right shoulder pain, grip loss, weakness, numbness and tingling, along with headaches, as per progress report dated 10/09/15. The request is for Continuous Chiropractic Tx 3 X Week X 4 weeks To Rt Shoulder/Cervical Areas. The RFA for this case is dated 10/09/15, and the patient's date of injury is 04/20/11. Diagnoses, as per progress report dated 10/09/15, included pain in right shoulder and bursitis of right shoulder. Diagnoses, as per progress report dated 10/07/15, included right mid clavicular pain, right medial epicondylitis, non-occupational gastritis and asthma, and right thoracic outlet syndrome. The patient is status post right shoulder decompression on 03/08/12, as per the same report. Medications included Cyclobenzaprine, Maxalt, Methoderm and Ibuprofen. The patient is temporarily totally disabled, as per progress report dated 10/09/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, Manual therapy and Manipulation section, pages 58 and 59 recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, a request for 12 sessions of chiropractic therapy from "new PTP and care management" is noted in chiropractor progress report dated 10/09/15. As per physician progress report dated 10/07/15, the patient has been seeing [REDACTED] for Chiropractic care. The physician also recommends the patient to continue this treatment. Previously, a request for 8 sessions of chiropractic therapy was made in progress report dated 08/06/15, in which the treater states the patient has not trialed this treatment modality in the past. In progress report dated 08/14/15, the treater indicates that 8 sessions of chiropractic therapy have been authorized. Subsequent reports, however, do not document the efficacy of these visits in terms of reduction in pain and improvement in function. MTUS requires evidence of objective functional improvement for continuation of chiropractic therapy. Given the lack of relevant documentation, the request IS NOT medically necessary.