MAXIMUS Federal Services

Case Number:	CM15-0219845		
Date Assigned:	11/12/2015	Date of Injury:	09/25/2014
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/09/2015

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 47-year-old female, with a reported date of injury of 09-25-2014. The diagnoses include cervical disc herniation, with right upper extremity radiculopathy and right rotator cuff sprain and strain, rule out internal derangement. The medical report dated 10-26-2015 indicates that the injured worker had constant neck pain, more prominent on the right side, rated 8 out of 10; and constant right shoulder pain with numbness and burning sensation radiated in the right arm distal to the hand, particularly in the thumb, index fingers, and lesser extent middle third digit. The physical examination showed tenderness to palpation over the posterior cervical paraspinal, upper trapezius, and levator scapulae musculature, right greater than left; positive cervical compression test for neck pain; positive Spurling's maneuver with increasing right arm pain; cervical distraction test decreased right arm pain; decreased cervical spine range of motion; tenderness to palpation over the anterior and superior aspects of the right shoulder; painful crepitus with both passive and active range of motion particularly as the arm was circumducted over the shoulder level; positive impingement sign; right shoulder flexion at 150 degrees; right shoulder abduction at 120 degrees; internal and external rotation of the right shoulder at 80 degrees; right shoulder extension at 40 degrees; right elbow ranges of motion were complete and pain free for flexion, extension, pronation, and supination; no significant tenderness to palpation over the medial or lateral epicondyles; negative Tinel's and Phalen's tests at the right wrist; negative Finkelstein's test; and diminished sensation to light touch in the right lateral forearm and hand, including the first, second, and to the lesser extent third fingers. It was noted that the injured worker's condition was not permanent and stationary. The doctor's fist report dated 10-28-2015 indicates that the injured worker had constant neck, right shoulder,

and right arm pain and paresthesia. The pain radiated along the lateral forearm into the thumb, index, and middle fingers. The objective findings include positive Spurling's maneuver, which indicated right arm pain; cervical distraction decreased arm pain; reduced right shoulder and cervical spine range of motion; painful crepitus in the right shoulder with passive and active range of motion; decreased sensation in the lateral forearm and hand (C6 and C7 dermatomes), and positive shoulder impingement. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have not been specified. The request for authorization was dated 10-28-2015. The treating physician requested eight (8) chiropractic treatment sessions for the cervical spine, right shoulder, and right arm. On 11-04-2015, Utilization Review (UR) non-certified the request for eight (8) chiropractic treatment sessions for the cervical spine, right shoulder, and right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x8 sessions for the cervical spine, right shoulder and right arm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The claimant presented with chronic pain in the neck, right shoulder, and right arm. Previous treatment include medications. There is no treatment history records, and there is no prior chiropractic treatment documented. Although MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, it is not recommended for the forearm. The request for 8 visits exceeded the guidelines recommendation for the neck and shoulder, therefore, without first demonstrating objective functional improvements with the trial visits, the request for 8 visits is not medically necessary.