

Case Number:	CM15-0224507		
Date Assigned:	11/20/2015	Date of Injury:	12/30/2014
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/16/2015

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 37 year old female, who sustained an industrial injury on 12-30-2014. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for repetitive stress injury, right shoulder rotator cuff syndrome, and enthesopathy of wrist. Treatment and diagnostics to date has included right shoulder and cervical spine MRI's, home exercise program, and medications. Medications have included Motrin. Subjective data on 09-01-2015 included the injured worker noting that her pain levels have decreased from 9 out of 10 on the visual analog scale to 5 out of 10 and on 09-29-2015, the injured worker noted a "flare-up" of pain at the end of her work shift. Objective findings (09-29-2015) included decreased grip strength to right shoulder, palpable tenderness of cervico-thoracic paraspinal muscles, positive Spurling's, and limited and painful range of motion to right shoulder. The request for authorization dated 09-29-2015 requested an examination and PR2 x 2 and CMT, EMS, and manual therapy x 4. The Utilization Review with a decision date of 11-05-2015 non-certified the request for chiropractic treatment (CMT, EMS, Manual Therapy) x 4 visits - cervical, right shoulder, and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro (CMT, EMS, Manual therapy) x 4 visits - Cervical, Right shoulder, Right wrist:
 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: 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 guidelines above do not recommend chiropractic manipulation to the shoulder and wrist. The doctor requested 4 chiropractic visits to the cervical, right shoulder and right wrist. These requests should have been made separately because the cervical would have been acceptable for treatment under the above guidelines, but the shoulder and wrist are not recommended from the above guidelines. Due to the fact that these requests are not separated, the treatment is not medically necessary and appropriate for all regions of the body requested.