

Case Number:	CM15-0033964		
Date Assigned:	02/27/2015	Date of Injury:	10/24/2013
Decision Date:	04/14/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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, Pain Management

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 was a 33 year old female, who sustained an industrial injury, October 24, 2013. According to progress note of January 14, 2015, the injured workers chief complaint was neck, upper back and bilateral shoulder pain and discomfort. The injured worker described the pain as constant, slight-moderate, sharp and stabbing pain and discomfort with intermittent pain radiating into left scapular region and some numbness down the left upper extremity into the small finger rated 6 out of 10. The left shoulder pain was constant slight-moderate sharp pain rated at 5 out of 10. Right shoulder was described as constant slight-moderate sharp at the acromioclavicular joint and supraspinatus tendon region 6 out of 10; 0 being no pain and 10 being the worse pain. The physical exam of the cervical spine noted approximately 25% loss of range of motion of the cervical spine in all planes. The sensory motor testing of the upper extremities revealed a decrease in pinprick sensation over the left C8 dermatome distribution. The thoracic spine noted a 25% loss of global loss of range of motion in the thoracic region. The left shoulder showed a 5-10 degree loss of motion with abduction and flexion. There was slight tenderness at the medical scapular border and suprascapular musculature. The right shoulder noted a 5-10 degree loss of range of motion with abduction and flexion. There was moderate tenderness at the acromioclavicular border and supraspinatus tendon. The orthopedic testing was positive for impingement syndrome and Apley's Scratch test. The injured worker was diagnosed with degenerative thoracic/ thoracic lumbar intervertebral disc disease, brachial neuritis or radiculopathy, right shoulder rotator cuff sprain/strain and left shoulder sprain/strain, cervical disc syndrome and left upper extremity radiculopathy. The injured worker previously received

the following treatments MRI of the cervical spine, MRI of the left shoulder, physical therapy, EMG/NCS (electromyography and nerve conduction studies) of the left upper extremity, pain medication, medicated gels, acupuncture, physical therapy, acupuncture with electrical stimulation and chiropractic services. On January 14, 2015, the primary treating physician requested authorization for spinal manipulation of the cervical spine with associated physiotherapy in the forms of the EMS, intersegmental traction, kinesio taping, soft tissue mobilization, infrared heat and therapeutic exercises 1 times a week for 6-8 weeks. January 30, 2015, the Utilization Review denied authorization for spinal manipulation of the cervical spine with associated physiotherapy in the forms of the EMS, intersegmental traction, kinesio taping, soft tissue mobilization, infrared heat and therapeutic exercises 1 times a week for 6-8 weeks. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Manipulation of the Cervical Spine with associated physiotherapies in the forms of the EMS, intersegmental traction, kinesio taping, soft tissue mobilization, infrared heat & therapeutic exercises 1 time her week for 6 to 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60.

Decision rationale: In the case of this injured worker, the medical records indicate that previous chiropractic therapy has been trialed by this injured worker as 6 sessions of chiropractic care has been approved in 6/2014. However, the functional benefit of this previous chiropractic manipulation was not documented in chiropractic progress notes from 10/20/2014 to 1/14/2015. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. Given the absence of documented functional improvement, this request is not medically necessary.