

Case Number:	CM14-0170152		
Date Assigned:	10/20/2014	Date of Injury:	09/01/2013
Decision Date:	11/20/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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. The expert reviewer is licensed in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38 year old female who sustained an injury to her neck, shoulders and elbows on 9/1/2013 as a result of performing her duties as a custodian. The PTP's progress report states "The patient complains of frequent neck and right shoulder and arm pain." The Patient has been treated with medications, physical therapy, 2 epidural injections and chiropractic care. An MRI study of the neck has revealed disc protrusions in the cervical spine. An EMG/NCV study has been unremarkable for cervical radiculopathy. Diagnoses assigned by the PTP are cervico-thoracic sprain/strain, shoulder upper arm sprain/strain and elbow/forearm sprain/strain. The PTP is requesting 4 additional sessions of chiropractic care to the elbows, shoulders and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 1 x 4 weeks for neck shoulder and elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Shoulder and Elbow Chapters, Manipulation Sections Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1

Decision rationale: The chiropractic treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. MTUS ODG Neck & Upper Back and Shoulder Chapters for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS does not recommend manipulation for the elbow. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The patient has received chiropractic care in the past. I find that the 4 chiropractic sessions requested to the cervical spine, elbows and shoulders to not be medically necessary and appropriate.