

Case Number:	CM14-0215194		
Date Assigned:	01/02/2015	Date of Injury:	09/23/2011
Decision Date:	02/24/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Chiropractic

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 42 year old female who injured her right shoulder and cervical spine on 09/23/2011 while performing her usual and customary duties as a food manufacturing plant employee. The PTP reports that the patient complains of "pain in her neck which radiates into the right triceps." The patient has been treated with medications, physical therapy and chiropractic care. The diagnoses assigned by the PTP are cervical arthropathy/radiculitis, impingement of the shoulder, trapezial, paracervical, parascapular strain and cervical disc syndrome. There are no diagnostic imaging studies available for review. The PTP is requesting an additional 12 sessions of chiropractic care to the right shoulder and cervical spine. The carrier has modified the request and authorized 2 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and Shoulder Chapters

Decision rationale: The patient has received chiropractic care in the past for her neck and right shoulder complaints. The ODG Neck 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." In this case, there is no evidence of objective functional improvement in the records provided. 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. Stating that the pain has decreased and range of motion increase does not provide objective functional improvement data as defined in The MTUS. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The chiropractic care records are not present in the records provided. The requested 12 sessions are far in excess of the MTUS recommendations. The carrier has already modified the request and authorized 2 sessions. The 12 chiropractic sessions requested to the cervical spine and right shoulder are not medically necessary and appropriate.