

Case Number:	CM14-0217940		
Date Assigned:	01/07/2015	Date of Injury:	03/02/2008
Decision Date:	03/04/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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:

This 51 year old female was a housekeeper when she sustained an injury on March 2, 2008. The injured worker was leaning over a bathroom sink to clean a mirror over her head with her right arm. The injured worker reported right neck and right upper extremity pain. Past treatment included hot/cold pack, modified work, oral and topical pain, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory medications; physical therapy, acupuncture, trigger point injections, and TENS (transcutaneous electrical nerve stimulation). The medical records refer to a course of physical therapy, which the injured worker did not find helpful, and a course of acupuncture, which the injured worker found to be mildly beneficial. On October 1, 2008, an MRI of the right shoulder revealed mild supraspinatus tendinosis. An MRI of the cervical spine revealed degenerative disc disease changes. In August 2018, an EMG/NCS (nerve conduction study) of the right upper extremity was normal. On December 17, 2014, the treating physician noted continued right shoulder pain, especially with overhead activity. The physical exam revealed right trapezius trigger points and spasms, tenderness of the right medial epicondyle, 10% decreased range of motion of the right shoulder in all planes, and decreased sensation of the right hand. Diagnoses were chronic myofascial pain syndrome, chronic right upper extremity strain injury, cervical spine strain, chronic right rotator cuff syndrome, and chronic medial epicondylitis. The physician recommended included refilling proton pump inhibitor, muscle relaxant, non-steroidal anti-inflammatory, anti-epilepsy, antidepressant, and topical pain medications; a right tennis elbow splint, replacement of TENS pads, and a request for chiropractic therapy twice a week for 4 weeks. The injured worker was not currently working. On

December 23, 2014, Utilization Review modified a prescription for 8 sessions (2 times a week for 4 weeks) of chiropractic therapy requested to the right shoulder and cervical spine on December 17, 2014. The chiropractic therapy modified based on the guideline recommendation of an initial six visit trial of chiropractic manipulative therapy and following the trial completion there should be a reevaluation to determine the efficacy of treatment including well documented functional benefit. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for chiropractic manipulative therapy was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Shoulder Chapters Page(s): Manipulation Section. Decision based on Non-MTUS Citation Neck & Upper Back and Shoulder Chapter

Decision rationale: This patient suffers from a chronic injury to her neck and right shoulder that occurred in 2008. The patient has not received any chiropractic care in the past for her injuries per the records provided. The PTP is requesting an initial trial of 8 sessions of chiropractic care. The MTUS Chronic Pain Medical Treatment Guidelines and ODG Neck and shoulder Chapters recommend a trial of manipulative therapy, 6 sessions over 2 weeks. The UR department has modified the request and approved 6 sessions. This approval is in accordance with the MTUS regulations on manipulative therapy. Given that the request for 8 sessions of chiropractic care exceed the recommended 6 sessions, the UR department has already approved the trial of 6 sessions and as indicated by MTUS, I find that the request for a trial of 8 chiropractic sessions to the neck and right shoulder to not be medically necessary and appropriate.