

Case Number:	CM14-0218221		
Date Assigned:	01/07/2015	Date of Injury:	01/09/2013
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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: Emergency Medicine

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 48 year old female has a date of injury (DOI) of 01/09/2013 that resulted in neck and lower back pain. The mechanism of injury was not provided. According to the peer review report of 12/01/2014, the IW had a shoulder arthroscopic capsular release and manipulation under anesthesia, limited intraarticular debridement on 03/24/2014 and status post right rotator cuff repair with subacromial decompression in 2013. An assessment of the upper extremities by the physical therapy and rehabilitation specialists in July 2014 situation post right shoulder manipulation documented subjective improvement in the right shoulder range of movement and ability to perform activities of daily living, and a complaint of intermittent tingling of right digits 1,2 when raising arm to forward flexion. Objectively the IW's range of motion internal and external rotation had worsened since a re-evaluation dated 06/04/2014 Abduction and internal rotation remained unchanged. Strength of right shoulder was unchanged with significant weakness in right shoulder external and internal rotation. Treatment goals were discussed with the IW and it was noted that progress had plateaued. A MRI of 11/11/2014 showed mild disc bulging eccentric to the left at C3-C3, mild disc bulging at C4-5, Mild disc bulging at C5-C6 in the context of some disc degeneration, mild to moderate broad-based disc protrusion eccentric to the right at C6-7, mild disc protrusion to the right at C7-T1. There was no evidence of fracture/dislocation, marrow replacing process or cervical cord abnormality. The Primary treating physician's progress report (PR-2) of 12/01/2014 gave current diagnoses as: 1. Upper extremity swelling. 2. Upper extremity tissue pain. 3. Sprain/strain arm and shoulder. A request for authorization was made on 12/12/2014 for chiropractic visits x9 for the neck and

right arm/shoulder. Documents reviewed in this decision included medical records from 03/27/2013 to 12/01/2014. No mention is made of prior chiropractic treatments. A utilization review determination letter was issued on 12/12/2014. Attempts made on 12/11/2014 and 12/12/2014 to connect with the requesting provider for a peer to peer conference was unsuccessful. A phone message was left. The Chiropractic x9 visits for the neck and right arm/shoulder was denied California Medical Treatment Utilization Schedule (CA MTUS) Manual Therapy and Manipulation was cited. An independent medical review was requested on 12/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro X9 Visits For The Neck And Right Arm/Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic is not recommended for any other body part except for low back. Guidelines also recommend a trial of 6 sessions with reassessment before any additional sessions are recommended. Due to lack of evidence of efficacy or safety in the body parts to be manipulated and excessive number of sessions requested, chiropractic of neck and shoulder is not medically necessary.