MAXIMUS Federal Services

Case Number:	CM15-0015068		
Date Assigned:	02/03/2015	Date of Injury:	01/09/2013
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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: Chiropractor, Oriental 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:

The injured worker is a 46 year old female, who sustained an industrial injury on January 9, 2013. The diagnoses have included arm and shoulder strain/sprain, upper extremity tissue pain and upper extremity swelling. Treatment to date has included medical management with medications, imaging, physical therapy, right shoulder arthroscopic repair, capsular release and manipulation under anesthesia with intra-articular debridement (DOS: 3/24/14) and status post right shoulder right rotator cuff repair with subacromial decompression in 2013, Chiropractic therapy and pain medication. Currently, the injured worker complains of increased neck pain with increased use of right arm. On January 16, 2015 Utilization Review non-certified a request for six visits of chiropractic visits for the neck and right arm/shoulder, noting that there was no evidence of efficacy from the prior chiropractic sessions and that the guidelines recommend manipulations early in the treatment and the injured worker had exceeded that time frame. The California Medical Treatment Utilization Schedule, Official Disability Guidelines and ACOEM were cited. On January 27, 2015, the injured worker submitted an application for IMR for review of six visits of chiropractic visits for the neck and right arm/shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic for the neck and right arm/shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173-174, 203-205,Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 203/205,Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envi. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition; ODG-Neck and Upper Back

Decision rationale: The UR determination of 1/16/15 denied the request for additional; Chiropractic manipulation to the patient neck and right arm/shoulder, 6 visits. The request for additional care was not accompanied by evidence that the operative physician had recommended manipulation of the shoulder, the number of completed manipulative sessions to the neck/shoulder or clinical evidence that any objective clinical evidence of functional improvement was documented by the requesting physician. The 1/16/15 UR determination to deny further manipulation the patients neck/shoulder/arm issue was appropriate and was supported by ACOEM, ODG and CAMTUS Chronic Treatment Guidelines.