

Case Number:	CM15-0111146		
Date Assigned:	06/17/2015	Date of Injury:	04/05/2012
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 injured worker is a 57 year old female, who sustained an industrial injury on April 5, 2012. She reported discomfort in the neck, upper back and lower back. Treatment to date has included cervical radiofrequency nerve ablation/rhizotomy/neurotomy, home exercise program, medications, acupuncture, and physical therapy. Currently, the injured worker complains of bilateral neck pain, bilateral low back pain and right shoulder pain. She is status post cervical radiofrequency nerve ablation/rhizotomy/neurotomy and reports no relief in her right shoulder since the cortisone injection. Her pain is aggravated with prolonged sitting/standing, lifting, twisting, and driving. Her pain is relieved with lying supine, stretching, medications and cervical collar. On physical examination the injured worker's right shoulder range of motion was restricted by pain in all directions and she had positive Neer's and Hawkins' signs. Shoulder abduction test was negative bilaterally. The diagnoses associated with the request include status post fluoroscopically-guided right C4-C5 and right C6-C7 facet joint radiofrequency nerve ablation, cervical facet joint pain, cervical facet joint arthropathy, chronic neck pain, chronic low back pain, lumbar facet joint pain, lumbar facet joint arthropathy and right shoulder impingement. The treatment plan includes an initial trial of 8 sessions of chiropractic therapy to the right shoulder, Tramadol and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight chiropractic visits for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section.

Decision rationale: The patient has not received chiropractic care for her shoulder injury in the past. The patient has been diagnosed with right shoulder impingement syndrome. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation and stated "recommended for chronic pain if caused by musculoskeletal conditions". The ODG Shoulder Chapter recommends a trial of chiropractic therapy 9 sessions over 8 weeks and additional chiropractic care with evidence of objective functional improvement. The PTP is requesting an initial trial of chiropractic care for the right shoulder as previous injections and physical therapy treatments have failed. I find that the 8 initial chiropractic sessions requested to the right shoulder are medically necessary and appropriate.