

Case Number:	CM15-0112229		
Date Assigned:	06/18/2015	Date of Injury:	06/18/2013
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/10/2015

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

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 patient who sustained an industrial injury on 06/18/2013. The accident was described as while working as a mechanic adjusting tension on a piece of equipment she injured her left trapezius and neck. She did have time off from work and then placed on a modified work duty. A magnetic resonance imaging study done on 05/22/2014 did reveal focal T2 hyper intensity of the dorsal aspect of the cord, most prominent at C6. Current complaints on 05/08/2015 reported subjective complaint of chronic neck and upper extremity pain. She states there is continuous bilateral shoulder pain and has significant difficulty with repetitive arm lifting. She continues working regular duty. Of note, she has not had any chiropractic treatment in the past, however, wishes to try. She does not utilize any oral medications at this time she is using Capsaicin cream. The plan of care continued recommending a magnetic resonance imaging study of bilateral shoulders, and sessions of chiropractic care. A follow up dated 03/27/2015 reported subjective complaint of chronic neck and upper extremity pain, chronic. She is diagnosed with: strains and sprains of neck, and pain in joint shoulder. She is permanent and stationary. The plan of care noted the patient a good candidate to receive injection versus surgical intervention. Objective findings showed atrophy in bilateral upper extremities. The patient was evaluated for a multidisciplinary functional restoration program but still defers that at this time. She had tried both physical therapy and acupuncture with only temporary benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the neck and shoulder, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Shoulder (Acute & Chronic) (updated 5/04/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments for the neck and shoulder was not established. The requested 12 treatments exceed medical treatment utilization schedule guidelines with respect to number of treatments. Upon peer review the request was modified to certify 6 treatments. That recommendation was consistent with medical treatment utilization schedule guidelines. Given that the requested 12 treatments exceed MTUS guidelines, the request is not medically necessary.