

Case Number:	CM15-0112558		
Date Assigned:	06/19/2015	Date of Injury:	11/28/2007
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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 61-year-old female, who sustained an industrial injury on 11/28/07. The injured worker has complaints of neck and both shoulders. The documentation noted that there is tenderness along the cervical paraspinal muscles, pan along facets and pain with facet loading. The diagnoses have included impingement syndrome of the right shoulder status post labral repair with persistent pain status post labral repair of January 2010 with persistent pain and impingement syndrome of the left shoulder with acromioclavicular joint inflammation and rotator cuff inflammation and discogenic cervical disease with muscle tightness and facet loading. Treatment to date has included injections; chiropractic treatment; transcutaneous electrical nerve stimulation unit; hot and cold wraps; labral repair of January 2010; lidopro patches; norco; flexeril and naproxen. The request was for chiropractic manipulation, neck quantity 12 and chiropractic manipulation, bilateral shoulders quantity 12. The UR Company has modified both requests and approved 3 sessions for the cervical spine and 3 sessions to bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation - neck Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for her cervical spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the PTP's treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement but is silent regarding cervical spine. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over 6-8 weeks with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed and the chiropractic records are absent. The UR department has reviewed the request and approved 3 additional sessions. I find that the 12 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.

Chiropractic manipulation - bilateral shoulders Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for her shoulder injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the PTP's treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends manipulation for musculoskeletal conditions but is silent on shoulders. The ODG Shoulder Chapter recommends a brief trial of 9 chiropractic care sessions over 8 weeks and additional sessions with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating physicians' progress notes reviewed. The

UR department has reviewed the request and approved 3 additional sessions. The number of sessions requested far exceeds the recommendations of The ODG. I find that the 12 additional chiropractic sessions requested to the shoulders to not be medically necessary and appropriate.