

Case Number:	CM15-0112980		
Date Assigned:	06/24/2015	Date of Injury:	09/23/2014
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
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: 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 25 year old male, who sustained an industrial injury on 9/23/14. He has reported initial complaints of neck pain, left shoulder pain, left wrist, low back pain and psychological issues. The diagnoses have included left shoulder bursitis, chronic left trapezius strain, cervical strain/sprain rule out Herniated Nucleus Pulposus (HNP), cervical radiculopathy, left shoulder strain/sprain rule out internal derangement, lumbar spine strain/sprain rule out Herniated Nucleus Pulposus (HNP), lumbar radiculopathy, anxiety disorder, mood disorder, stress and sleep disorder. Treatment to date has included medications, activity modifications, diagnostics, physical therapy, acupuncture, shockwave therapy, and other modalities. Currently, as per the physician progress note dated 3/11/15, the injured worker complains of pain in the left shoulder. He states the pain is the same and rated 7/10 on pain scale and sharp with burning pain. The objective findings reveal that the cervical spine has tenderness to palpation. The left shoulder exam reveals tenderness at the anterior shoulder into the biceps and in the trapezius. The current medications included Norco for pain. The diagnostic testing included Magnetic Resonance Imaging (MRI) of the left shoulder dated 11/12/14. There is no previous therapy sessions noted in the records. The physician requested treatment included Chiropractic treatment for cervical spine, lumbar spine, left shoulder and left wrist 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for cervical spine, lumbar spine, left shoulder and left wrist 3 X 6:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter. ODG Chiropractic Guidelines.

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

Decision rationale: Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1- 2 visits every 4-6 months. Forearm, wrist & hand: not recommended. The claimant presented with chronic pain in the neck, left shoulder, left wrist, and low back despite previous treatments with medications, acupuncture, physical therapy, shockwave therapy. There is no history of chiropractic treatments. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, with evidences of objective functional improvement, total up to 18 visits over 6-8 weeks; the request for 18 visits, without evidences of functional improvement, exceeded the guidelines recommendation. In addition, chiropractic treatment is not recommended for chronic wrist pain. Therefore, current request for 18 chiropractic treatments is not medically necessary.