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| Case Number: | CM15-0119639 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 04/26/2000 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/09/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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 72 year old male who sustained an industrial injury on 04/26/2000. Mechanism of injury was not documented. Diagnoses include cervical myofascitis, thoracic myofascitis, right shoulder tenosynovitis and right elbow tenosynovitis. Treatment to date has included diagnostic studies, medications, and chiropractic sessions. A physician progress note dated 05/04/2015 documents the injured worker complains of pain in the mid back, posterior neck, right shoulder, elbow and upper back. The injured worker takes Ultram for pain. He rates his right shoulder pain as 6 on a scale of 0 to 10, and there is limited range of motion. His right elbow pain is rated as 5 out of 0 to 10, and right flexion is limited. His mid back pain is rated 7 on a scale of 0 to 10 and his posterior neck pain is rated as 5 on a scale of 0 to 10, and he has limited range of motion. He also has upper back pain that he rates as a 6 on a scale of 0 to 10. His pain wakes him up from sleep and limits his function. There is tenderness to palpation of the cervical region and myofascial trigger points are present in the trapezius on both sides. He has +3 TP bilateral shoulders with jump reflex and his elbows show +3-4 TP lateral elbow with jump reflex and radiating pain. His thoracic spine is tender on both sides and he has myofascial trigger points of the erector spine on both sides and trapezius on both sides. The treatment plan includes a Zoma refill. Treatment requested is for CMT to 3-4 body areas 2 x a month for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT to 3-4 body areas 2 x a month for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation MTUS Definitions Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Low Back, Shoulder and Elbow Chapters, Manipulation Sections.

Decision rationale: The patient has received chiropractic care for his injuries in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. The date of injury is 4/6/2000. Regardless, the 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. The ODG Neck & Upper Back and Low Back Chapters also recommends additional chiropractic care with evidence of objective functional improvement. The MTUS and ODG do not recommend manipulation to the elbow. The ODG recommends a short course of chiropractic therapy for the shoulder. 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 has been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to 3-4 body regions to not be medically necessary and appropriate.