

Case Number:	CM15-0163630		
Date Assigned:	09/28/2015	Date of Injury:	04/10/2015
Decision Date:	11/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 4-10-2015. Medical records indicate the worker is undergoing treatment for cervical-trapezial and thoracic musculoligamentous sprain-strain. A recent progress report dated 7-28-2015, reported the injured worker complained of constant neck pain extending to the shoulders-right worse than left, upper back pain and low back pain currently improved. Physical examination revealed cervical paravertebral and trapezial tenderness and tender myofascial trigger points of the right levator scapula and trapezius muscle-right worse than left. Treatment to date has included physical therapy and medication management. The physician is requesting 8 treatments of chiropractic care to the right shoulder, elbow and forearm and 1 Diagnostic musculoskeletal ultrasound study of the right shoulder. On 8-14-2015, the Utilization Review noncertified the request for 8 treatments of chiropractic care to the right shoulder, elbow and forearm and 1 Diagnostic musculoskeletal ultrasound study of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic treatments to right shoulder, elbow/forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury; however, it clearly states that chiropractic is not recommended for the shoulder as this injured worker has diagnosis of cervical-trapezial and thoracic musculoligamentous sprain-strain with neck pain radiating to the shoulder. Submitted reports have not demonstrated any specific symptoms or clinical findings of impingement involving the shoulder joint. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received conservative treatment trial; however, remains not changed without functional restoration approach. The 8 Chiropractic treatments to right shoulder, elbow/forearm is not medically necessary and appropriate.

1 Diagnostic musculoskeletal ultrasound study of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the ultrasound. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 1 Diagnostic musculoskeletal ultrasound study of the right shoulder is not medically necessary and appropriate.