MAXIMUS Federal Services

Case Number:	CM15-0171089		
Date Assigned:	09/11/2015	Date of Injury:	12/24/2014
Decision Date:	10/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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, Minnesota
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 49 year old female, who sustained an industrial injury on 12-24-2014. The injured worker was diagnosed as having internal derangement right shoulder, tendinitis right shoulder, acromioclavicular joint hypertrophy right shoulder, tendinitis left shoulder, possible other internal derangement, dystrophic calcification right supraspinatus, muscluloligamentous sprain of the thoracic spine, and supraspinatus calcification right shoulder. Treatment to date has included diagnostics, chiropractic (at least 8 recent sessions per 7-14-2015 progress report, with additional 4-5 chiropractic approximately 1-2015 per the Doctor's First Report of Occupational Injury or Illness, and attending therapy per progress report 3-17-2015), and medications. Currently (7-14-2015), the injured worker complains of constant bilateral shoulder pain, greater on the right, and numbness and tingling in both arms. Pain was not rated. She indicated that she had pain and difficulty with lifting. She was attending therapy and "went to 8 sessions which did help her pain". She also reported constant mid and low back pain and neck pain and headaches. She was currently not working and her work status remained modified. Objective findings included tenderness over levator scapulae and rhomboids bilaterally. There was diminished sensation in all fingers bilaterally and tenderness over the thoracic spine to percussion. Strength, range of motion, and activities of daily living were not documented. Medications included Ibuprofen, Cyclobenzaprine, and Omeprazole. Chiropractic progress reports were handwritten and difficult to decipher. The total number of chiropractic sessions to date could not be verified. The treatment plan included additional chiropractic treatment for the upper extremities, 2x8, non-certified by Utilization Review on 8-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Multiple Upper Extremities, 2 times wkly for 8 wks, 16 sessions: 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: According to the MTUS Chronic Pain Guidelines above, manipulation of the upper extremities/shoulder is not recommended. According to the records the total number of chiropractic treatments for this case is unknown. Apparently the patient has had 8 chiropractic visits from this flare-up with no documented objective functional improvement from these visits. The doctor is requesting chiropractic treatment 2 times per week for 8 weeks or 16 sessions to multiple upper extremities. (This request would not be acceptable for the low back treatment either.) The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.