

Case Number:	CM15-0178409		
Date Assigned:	09/18/2015	Date of Injury:	01/09/2013
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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 49 year old female, who sustained an industrial injury on January 9, 2013 and reported feeling a sharp jerk on her right shoulder and neck. The injured worker is diagnosed as having cervical radiculopathy, cervical facet syndrome, cervical spondylosis and shoulder pain. Her work status is temporary total disability. Currently, the injured worker complains of head, neck, upper back, mid-back and bilateral shoulders. The neck pain radiates down to her bilateral upper extremities. The pain is associated with numbness and tingling in the right hand as well as weakness in the right arm. The pain is constant and moderate is described as sharp and is rated at 4-5 on 10. The pain is aggravated by prolonged standing, reaching overhead activities, gripping, grasping, and lifting and carrying items. She is unable to lift over 10 pounds. The pain is relieved by medications. She reports headaches as well. Her pain is divided at 50% neck and 50% arm. She can only sit for 10 minutes and stand for 30 minutes due to the pain. Physical examinations dated May 1, 2015- August 5, 2015 reveals restricted cervical spine range of motion; flexion 30 degrees, extension 20 degrees, right lateral bending 10 degrees and left lateral bending 15 degrees. There is tenderness noted on the right side of the "cervical paravertebral muscles" and at the "trapezius". The "Spurling's maneuver" causes pain in the muscles of the neck that radiates to the right upper extremity. The right shoulder movements are restricted: flexion 110 degrees, abduction 90 degrees and external rotation 15 degrees. The Hawkins test is positive and there is tenderness on palpation in the "acromioclavicular joint and biceps groove". The left shoulder is within normal limits. Treatment to date has included TENS unit, toxicology screen, medications (Ultram, Ibuprofen and Extra Strength Tylenol), right shoulder MRI (2013) and cervical spine MRI 2014. She has engaged in physical therapy (20 sessions), which provided minimal pain relief per note dated August 5, 2015. Surgical intervention for a right rotator cuff

tear (x2 in 2014) did not provide significant pain relief, per the same note. She trialed acupuncture, which did not provide any significant pain relief per note dated July 30, 2015. The H-wave unit reduced the need for oral medication and enabled her to engage in more activities and experience greater overall function. She reported an 80% reduction in pain and was able to walk further, lift more, do more housework, sit longer, sleep better, stand longer, experience more family interaction, drive and wash dishes, per note dated July 6, 2015. A chiropractor note dated April 13, 2015 states the injured worker is "having less pain in the arm and neck with treatment is released". The electrodiagnostic studies (2015) revealed "moderate right median nerve compression at the carpal tunnel ", " mild neuropathic changes in the distal thenar musculature and no evidence of cervical radiculopathy". A request for chiropractic treatment of 6 sessions for the neck and right shoulder is denied due to "at least 12 previous chiropractic sessions (it is not specified how many visits were for each body part requested) without objective documentation regarding functional improvement and "per the guidelines there is insufficient evidence to support manipulation of injured workers with cervical radiculopathy", per Utilization Review letter dated August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment of x6 sessions for the neck and right shoulder: 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: The claimant presented with chronic neck and right shoulder pain despite previous treatments with medication, TENS unite, H-Wave, physical therapy, chiropractic, and right shoulder surgery. Reviewed of the available medical records showed the claimant has had at least 12 chiropractic visits and 20 physical therapy visits previously, however, there is no evidences of objective functional improvements, and the claimant continue to have ongoing pain. Based on the guidelines cited, the request for additional 6 chiropractic sessions is not medically necessary.