

Case Number:	CM15-0179201		
Date Assigned:	09/21/2015	Date of Injury:	05/12/2015
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 53 year old female with an industrial injury dated 05-12-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical and trapezial musculoligamentous sprain and strain and right shoulder sprain and strain with impingement. Treatment has included X-ray of the cervical spine, X-ray of right shoulder, prescribed medications, and periodic follow up visits. Medical records (07-16-2015- 8-14-2015) indicate persistent neck and right shoulder pain. In a progress report dated 07-16-2015, cervical spine exam revealed tenderness to palpitation with spasm and guarding of the bilateral trapezius muscles. Right shoulder exam revealed tenderness to palpitation over the subacromial region, acromioclavicular joint (AC), supraspinatus tendon and anterior capsule, positive impingement test, and positive cross arm test. According to the progress note dated 08-14-2015, the injured worker reported continued stiffness and spasm in the cervical spine. The injured worker rated neck pain a 2 out of 10. The injured worker also reported right shoulder pain with occasional popping and difficulty reaching above shoulder level. The injured worker rated shoulder pain a 3-5 out of 10. Objective findings (08-14-2015) revealed mild tenderness of cervical paraspinal and right shoulder tenderness with mild spasm. Some documents within the submitted medical records are difficult to decipher. There were no radiographic imaging reports included for review. The treating physician prescribed services for chiro with exercises modalities, manipulation and myo-fascial release x 8. The original utilization review determination (08-26-2015) partially approved the request for chiro with exercises modalities, manipulation and myo-fascial release x 6 to the right shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro with exercises modalities, manipulation and myo-fascial release x 8: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Neck & Upper Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for her cervical spine and right shoulder injury in the past. The request in this case is for an initial trial of 8 sessions of chiropractic care to the neck and right shoulder. The ODG Neck & Upper Back Chapter recommends a trial of 6 sessions over 2 weeks with up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The ODG Shoulder chapter also recommends a limited trial of manipulation 9 sessions over 8 weeks. The carrier's UR department has modified the request for 8 sessions and approved an initial trial of 6 sessions. The MTUS recommends a trial of 6 sessions. I find that the 8 chiropractic sessions requested to the cervical spine and right shoulder to not be medically necessary and appropriate.