

Case Number:	CM15-0023090		
Date Assigned:	02/12/2015	Date of Injury:	12/02/2014
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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:

According to the available medical records, this is a 66-year-old male with neck and shoulder pain, date of injury is 12/02/2014. Previous treatments include chiropractic, exercises, and physiotherapy. Progress report dated 01/12/2015 by the treating doctor revealed patient had some slow improvement, he experienced right neck, shoulder with radiation down arm pain, shoulder pain is achy to sharp and constant neck achy, tight and frequent with occasional pins/needles down arm 3-7/10. Exam noted slight to moderate tenderness to right AC joint, biceps, rotator cuff, slight to right lateral elbow, forearm region with slight spasm/inflammation, shoulder ROM restricted on right flexion, right abduction, right external rotation, right internal rotation with dull right shoulder pain flexion, abduction, internal rotation. Cervical ROM restricted 10% in bilateral flexion/rotation with slight dull right C/T pain, dull right C/T pain left shoulder depression and relief on cervical distraction testing, dull to sharp right shoulder pain. Diagnoses include shoulder/arm sp/st, rotator cuff sprain, bicep/tenosynovitis, myospasm, upper extremity segmental dysfunction, cervical sp/st.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation/Mobilization (Upper Extremity/Elbow) QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines- Sprains and strains of shoulder and upper arm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and Strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home therapy: 9 visits over 8 weeks.

Decision rationale: The claimant presented with ongoing pain in the shoulder. Reviewed of the available medical records showed some slow improvement with previous chiropractic treatment. While MTUS guidelines do not address chiropractic treatment for the shoulder, ODG guidelines recommend 9 visits over 8 weeks for shoulder sprain/strain. Based on the guidelines, the request for additional 8 chiropractic treatment for the shoulder and upper extremity exceeded the guidelines recommendation, and therefore, not medically necessary.

Ultrasound QTY: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not recommended. Therapeutic ultrasound is one of the most widely and frequently used electrophysical agents. Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable Page(s): 123.

Decision rationale: The claimant continued to have pain in the neck and right shoulder. Although he has shown some slow improvement with previous 4 treatments, evidences based guidelines MTUS do not recommend therapeutic ultrasound. Therefore, the request for 8 ultrasounds are not medically necessary and appropriate.

Manipulation/Mobilization (Cervical) QTY: 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck & Upper Back- Manipulation ODG Chiropractic Guidelines- Regional Neck Pain: Cervical Strain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. Low back: recommended as an option. Therapeutic care - trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance

care, not medically necessary. Recurrence/flare-ups, need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant showed some slow improvement with neck pain following 4 chiropractic treatments. According to the progress report by the treating doctor dated 01/12/2015, he no longer have achy to sharp pain down the arm from his neck or shoulder area and his arm ROM improve, overall improvement at 15%. Based on the guidelines cite, the request for additional 8 chiropractic manipulation for the cervical is medically necessary and appropriate.