

Case Number:	CM15-0064001		
Date Assigned:	04/10/2015	Date of Injury:	07/09/2014
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 61 year old female, who sustained an industrial injury on July 9, 2014. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of pain in the neck, upper back, left shoulder, left elbow, left hand and left leg. She did not report any new numbness or tingling. On examination, light touch sensation is intact with the left lateral shoulder, left thumb tip, left long tip and left small tip. Her treatment plan included shockwave ESWI to the left shoulder, rest, ice therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time a week for 6 weeks for the cervical spine and thoracic spine and the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy and manipulations Page(s): 58-60.

Decision rationale: Guidelines state that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. If therapy does not result in improvement in 3-4 weeks, it should be stopped and the patient re-evaluated. Guidelines indicate that a trial of 6 visits over 2 weeks is warranted and with objective evidence of functional improvement, total of up to 18 visits over 6-8 weeks may be appropriate. In this case, there were no objective findings pertaining to the cervical spine and thoracic spine. Thus, the request for 6 sessions is not medically appropriate and necessary.

Interferential Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 118-110. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 118-120.

Decision rationale: Guidelines do not recommend an interferential unit as an isolated intervention. In this case, the patient complains of pain in the neck, upper back, left shoulder, left elbow, left hand and left leg. Interferential unit may be appropriate if the pain is ineffectively controlled with medications or medications are limited by side effects, history of abuse, or significant pain from post op conditions. In this case, these criteria are not documented and therefore are not met. The request for interferential unit is not medically necessary and appropriate.