

Case Number:	CM15-0064042		
Date Assigned:	04/10/2015	Date of Injury:	08/22/2011
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
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: California

Certification(s)/Specialty: Chiropractor, Oriental 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 51 year old female who sustained an industrial injury on 08/22/2011. Diagnoses include cervical spine musculoligamentous strain/sprain with radiculitis, cervical spine discogenic disease, cervical spine radiculopathy, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, lumbar spine radiculopathy, bilateral shoulder strain/sprain, rule out right shoulder rotator cuff tear, status post right shoulder surgery x 2 with residuals, bilateral knee strain/sprain, rule out bilateral knee meniscal tear, sleep disturbance secondary to pain and depression. Treatment to date has included rotator cuff repair on 08/25/2014, diagnostic studies, medications, durable medical equipment, chiropractic session to the left shoulder, and physical therapy. A physician progress note dated 02/18/2015 documents the injured worker has pain in the neck, mid and upper back, lower back, bilateral shoulders and bilateral knees. She has tenderness to palpation over the cervical, thoracic and lumbar spine paraspinal muscles, and there is restricted range of motion. Cervical compression test is positive, Straight leg raise test is positive bilaterally. She has tenderness to palpation of the bilateral shoulders, and impingement and supraspinatus test are positive. Bilateral knees have tenderness and McMurray's test is positive. The treatment plan is for Terocin patch, Tylenol #3, and Ambien. Treatment requested is for chiropractic for the cervical, lumbar and bilateral shoulders 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for The Cervical, Lumbar and Bilateral Shoulders 2 Times A Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS guideline recommends manual therapy and manipulation for chronic pain. The patient complained of neck, back, bilateral shoulder, and bilateral knee pain. The guideline recommends a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. There was no documentation of objective functional improvement with prior chiropractic session. Therefore, the provider's request for 12 chiropractic sessions for the cervical, lumbar, and bilateral shoulders are not medically necessary at this time.