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| Case Number: | CM15-0067300 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 09/26/2005 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 04/09/2015 |

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 60-year-old female, who sustained an industrial injury on September 26, 2005. She has reported neck pain and shoulder pain. Diagnoses have included right rotator cuff tear, right shoulder labral tear, cervical spondylosis with facet mediated and myofascial pain, and cervicogenic headache. Treatment to date has included medications, chiropractic, which offered improvement of pain, shoulder surgeries (2007/2008), physical therapy, and exercise. A progress note dated March 30, 2015 indicates a chief complaint of neck pain. The treating physician documented a plan of care that included additional chiropractic treatments. The patient has received 6 recent sessions of chiropractic care. The PTP is requesting 6 additional sessions of chiropractic care to the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Care, Neck and Right Shoulder Qty 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic); Shoulder (Acute & Chronic); Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Shoulder Chapters, Manipulation Sections/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states: "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The ODG Shoulder Chapter recommends 9 sessions of chiropractic care over 8 weeks as a trial run of care. The patient has completed 6 sessions of recent chiropractic care. The total number of chiropractic sessions to date is unknown. This is a 2005 injury. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic treatment records are not present for review. I find that the 6 additional chiropractic sessions requested to the cervical spine and right shoulder not medically necessary and appropriate.