

Case Number:	CM15-0072121		
Date Assigned:	04/22/2015	Date of Injury:	08/01/2011
Decision Date:	06/01/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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 55 year old female, who sustained an industrial injury on August 1, 2011. The injured worker was diagnosed as having neck sprain, brachial neuritis, enthesopathy of the hip region, lateral epicondylitis, wrist sprain, carpal tunnel syndrome, and shoulder strain/impingement. Treatment to date has included chiropractic treatments, bilateral ablation, left shoulder surgery, home exercise program (HEP), and medication. Currently, the injured worker complains of neck and upper back pain and bilateral shoulder pain and stiffness with some radiation of symptoms down the arm, with bilateral elbow pain. The Treating Physician's report dated February 13, 2015, noted the injured worker reported chiropractic treatments had helped more than any other treatments, helping to have a higher level of function, helping her to use less medication. Physical examination was noted to show neck tenderness to palpation and range of motion (ROM) limited, and bilateral shoulder tenderness to palpation and limited range of motion (ROM) with evidence of impingement on examination and concern for RC tear. The treatment plan was noted to include a referral for continued chiropractic treatments, 6 additional sessions to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Visits Qty 6: Upheld

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

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

Decision rationale: The chiropractic treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. 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 ODG Neck & Upper back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 6 additional chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.