

Case Number:	CM15-0079356		
Date Assigned:	04/30/2015	Date of Injury:	10/30/2014
Decision Date:	05/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old male who sustained an industrial injury on 10/30/14. The injured worker reported symptoms in the back. The injured worker was diagnosed as having myofascial pain, cervical neck strain and subscapular bursitis. Treatments to date have included trigger point injections, topical gel, and chiropractic treatments. Currently, the injured worker complains of discomfort in the lumbar spine. The plan of care was for chiropractic treatments and acupuncture treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Evaluation and Treatment, 2 x 4 weeks, Left Shoulder, (per 047/09/2015):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Chiropractic treatments.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic two times per week times four weeks to the left shoulder (April 09, 2015) is not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. The guidelines for shoulder chiropractic treatments are 9 visits over 8 weeks. In this case, the injured worker's working diagnoses are sprain/strain cervical; sprain/strain thoracic; sprain/strain lumbar; and sprain/strain ankle and foot unspecified. The documentation shows the injured worker receives multiple chiropractic treatments. The most recent progress of the medical records dated March 12, 2015. There was no progress note dated April 9, 2015 in the medical record. Subjectively, the injured worker has noticed a return over the prior two weeks of symptoms. A trigger point injection provided almost complete pain relief. Objectively, there is tenderness palpation over the lumbar paraspinals on the left. Range of motion is full. Straight leg raising is negative. Motor examination is unremarkable. Neurologic evaluation is unremarkable. Shoulder range of motion is normal. Provocative shoulder testing is unremarkable. The assessments according to the March 12, 2015 progress note are subscapular bursitis; myofascial pain; and cervical neck strain. The treatment plan is requesting #4 additional sessions of chiropractic care. The guidelines recommend a trial of six visits over two weeks. For the shoulder, 9 visits over 8 weeks are recommended. According to a progress note dated January 8, 2015, the injured worker completed 16 chiropractic sessions. There are no compelling clinical facts indicating additional chiropractic therapy is clinically warranted. Consequently, absent clinical documentation with objective functional improvement (of prior chiropractic treatment) and compelling clinical facts indicating additional chiropractic treatment is indicated, chiropractic two times per week times four weeks to the left shoulder (April 09, 2015) is not medically necessary.