

Case Number:	CM15-0097698		
Date Assigned:	05/28/2015	Date of Injury:	04/20/2013
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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

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 48 year old female, who sustained an industrial injury on April 20, 2013. The injured worker was diagnosed as having shoulder pain and cervical pain. Treatment to date has included chiropractic treatments, MRIs, and medication. Currently, the injured worker complains of significant shoulder pain, right upper extremity pain, and neck pain. The Treating Physician's report dated April 16, 2015, noted the injured worker reported her pain with medications as 5 on a scale of 1 to 10, and as an 8 without medications. The injured worker's current medications were listed as Ultram and Pennsaid solution. Physical examination was noted to show inspection of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis, and tenderness and tight muscle bands on both sides of the paravertebral muscles. The right shoulder was noted to have tenderness to palpation in the subdeltoid bursa. Tenderness to palpation was noted over the lateral epicondyle and median epicondyle. Sensory examination was noted to show light touch sensation decreased over the shoulder on the right side. The injured worker was noted to work full time full duty. The treatment plan was noted to include a refill of the Tramadol, and request for authorization for an additional six chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension chiropractic therapy-6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and shoulder pain. Previous treatments include medications and chiropractic. According to the treating doctor's progress report, the claimant is working full duty, a medication is helping, and prior chiropractic treatments benefited. Although, evidences based MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, ongoing chiropractic therapy is not recommended. Therefore, the request for extension of chiropractic therapy, 6 visits, is not medically necessary.