

Case Number:	CM13-0004483		
Date Assigned:	03/03/2014	Date of Injury:	03/23/2009
Decision Date:	06/30/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Licensed in Chiropractic and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42-year-old male who reported an injury on 03/23/2009. The mechanism of injury was not provided in the documentation. Per the clinical note dated 10/07/2013, the injured worker reported no new acute complaints and denied any new neurological abnormalities. On physical exam the injured work was reported to have pain radiating into the shoulders with cervical radiculopathy and rotator cuff syndrome. On palpation there was tenderness over the left upper trapezius and levator muscle complex. Reflexes were noted to be intact at the biceps, triceps, and brachioradialis. Diagnoses for the injured worker were reported to be cervical denervation disc disease, chronic left cervical radiculopathy, rotator cuff syndrome status post repair, and left cervical strain. The Request for Authorization for 6 visits of chiropractic treatment was not included in the documentation. The physician is requesting the chiropractic treatment due to the injured worker's continued pain to the neck and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 VISITS OF CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: Per the California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. 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 the functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. The time to produce effect is recommended to be 4 to 6 treatments performed 1 to 2 times a week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. Extended duration of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with co-morbidities. There was a lack of documentation regarding the injured worker's change in condition. The documentation provided stated that his pain was chronic. The documentation provided stated there were no new acute complaints. One of the goals of treatment should be to reduce frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. There is a lack of documentation that the injured worker has participated in any home exercise program since his injury 4 years ago. There was no documentation regarding other physical therapy, chiropractic therapy, or acupuncture treatments that the injured worker has received and the efficacy of those programs. Therefore, the request for 6 visits of chiropractic treatment is not medically necessary.