

Case Number:	CM13-0012194		
Date Assigned:	03/10/2014	Date of Injury:	09/17/2011
Decision Date:	04/15/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/16/2013

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 Board Certified in Chiropractor, 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 patient is a 53-year-old male who reported an injury on 09/17/2011. The mechanism of injury was a fall. The subsequent injuries were to the patient's left hand and shoulder. The patient was initially treated with a splint, physical therapy, and medications. Due to persistent symptoms, the patient underwent a left shoulder arthroscopic debridement of the partial-thickness articular surface of the rotator cuff, subacromial decompression with bursectomy, release of coracoacromial ligament, and accompanying injections, on 11/29/2012. He recovered from this surgery with no residual symptoms. Although this resolved the shoulder complaints, the patient continued to have hand dysfunction despite extensive physical therapy. On 08/14/2013, the patient received a left wrist scaphoid excision, left wrist 4-corner fusion with bone autograft, and posterior interosseous neurectomy; he subsequently received 24 postoperative hand therapy sessions. The patient's current complaints include lower back pain and chronic neck pain. The most recent physical examination dated 01/15/2014 revealed lumbar flexion of 84 degrees and extension of 24 degrees. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF CHIROPRACTIC PHYSIOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY Page(s): 58.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend chiropractic care for pain that is caused by a musculoskeletal condition. Guidelines recommend a trial of 6 visits over 2 weeks for the lumbar spine (and also address various other body regions), and if evidence of objective functional improvement is provided, treatment may be extended. The clinical information submitted for review indicated that the patient was initially prescribed chiropractic care and physical therapy on 06/17/2013. At that time, the patient had significant range of motion deficits and rated his pain at 6/10. Although the patient may benefit from some chiropractic care, the current request does not identify which body part is to be treated and the requested 12 sessions exceeds guideline recommendations of an initial trial of 6 visits. As such, the request for 12 sessions of chiropractic physiotherapy is non-certified.