MAXIMUS Federal Services

Case Number:	CM13-0012268		
Date Assigned:	12/11/2013	Date of Injury:	07/09/2010
Decision Date:	08/08/2014	UR Denial Date:	08/08/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 sustained a worker's comp injury involving her neck and left shoulder on 7/9/10. She had an MRI of the shoulder showing full thickness rotator cuff tear on 8/28/10 but had treatment delayed secondary to breast cancer treatment. On 8/31/12 she had surgical repair of her tear as well as treatment for her secondary adhesive capsulitis. She also had chronic neck pain and ac spine x-ray showed mild degenerative joint disease. Various PR2's, physical therapy, and chiropractic notes were reviewed in the chart. On 7/23/13 the treating orthopedic note was reviewed. She was noted to have pain in her left shoulder and left neck and objective exam showed decrease in the range of motion of the left shoulder. She was noted to be on Ultram, Norco, and Neurontin for her pain. She was also noted to have received chiropractic treatment which had greatly benefited her neck pain and mildly helped her shoulder pain. Her diagnoses were listed as left shoulder rotator cuff tear, adhesive capsulitis, and cervical radiculitis with cervical spondylosis. The M.D. wanted to continue Neurontin and requested 8 more chiropractic treatments over a 4 week time period. The UR committee denied this request and therefore an IME evaluation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIRO THERAPY 2 TIMES A WEEK FOR 4 WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Treatment of Cervical Region and of Shoulder Sprains and Strains, pages 1123, 1356.

Decision rationale: The Chronic Pain section of the MTUS states that chiropractic treatment should be evaluated in the first 3 to 6 visits for effectiveness and if subjective or objective improvement was noted they could be continued. A Delphi study stated that chiropractic treatment could be tried for 6 to 12 visits for 2 to 4 weeks and assessed for improvement in the midcourse of treatment as well as the end of treatment and if improved another 4 to 12 visits over 2 to 4 weeks could be offered. The ODG states that chiropractic treatment for the cervical region should be given for 2 visits over 1 week and if improvement is noted another 6 to 8 visits over 3 to 8 weeks could be offered. In the section for sprains or strains of the shoulder a total of 9 chiropractic visits over 8 weeks was offered. In the above case, the patient had chiropractic treatment started in June and it was noted to be effective for both the neck and shoulder pain. Because of this effectiveness the treating physician was requesting another 8 treatments over a 4 week period. I believe this follows the outline of the treatments noted in both the MTUS and the Chronic Pain sections. A short course of treatments showed improvement and another short course of treatments was requested. The treating physician was seeking not to treat the pain with increased escalation of medicine but with physical modalities. This is beneficial for the patient and is felt to be medically necessary.