

Case Number:	CM13-0022333		
Date Assigned:	11/13/2013	Date of Injury:	06/17/2012
Decision Date:	01/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 underlying date of injury in this case is 06/17/2012. Treating diagnoses include myofascial pectoral pain, bilateral flexor tendinitis, and right shoulder bursitis mostly in the anterior distribution. The patient was seen in orthopedic consultation 05/10/2013 with a chief complaint of bilateral hand and right shoulder pain since June 2012. The patient denied any history of physical therapy or injections or imaging of her bilateral hands or right shoulder. She rated her pain as 8/10. Electrodiagnostic studies of March 2013 had been normal. On exam, the patient had 4+ grip strength of both hands with mild tenderness to palpation over the dorsal radial ulnar groove. The patient was also tender over the pectoral muscles. The treating physician diagnosed the patient with myofascial pectoral pain and right shoulder bursitis as well as bilateral flexor tendinitis. The treatment recommendation included chiropractic physiotherapy of the bilateral wrists and right shoulder for 1 visit for instruction of a home exercise plan and stretching routine. As of 06/04/2013, the primary treating physician note diagnosed the patient with myofascial pectoral pain, bilateral flexor tendinitis, and right shoulder bursitis. The patient was noted to be performing a home exercise program. An MRI of the right shoulder and bilateral wrists and hands was recommended to evaluate for painful mechanical motion. An initial physician review recommended non-certification of 8 sessions of chiropractic therapy with the indication that additional information had been requested to determine whether the patient had received additional chiropractic after an evaluation of 07/20/2013. An amended PR-2 report of 09/10/2013 notes that the patient was proceeding with pain control and also notes that the physician continued to request chiropractic treatment 2 times per week for 4 weeks to the cervical and thoracic spine to include therapeutic exercises and modalities and no forceful manipulation. On 10/10/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic care: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation, page 58, states regarding the low back, "Elective/maintenance care - Not medically necessary...Recurrences/flare-ups - Need to reevaluate treatment success, if return to work achieved, then 1-2 visits every 4-6 months." The current treatment appears to be maintenance in nature. This treatment substantially exceeds the treatment guidelines in this chronic phase, and the medical records do not provide a rationale as to why there would be an exception indicated to the treatment guidelines. This request is not medically necessary.