

Case Number:	CM13-0024547		
Date Assigned:	03/19/2014	Date of Injury:	08/14/1991
Decision Date:	04/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Licensed in Chiropractic 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 is a 66 year old female who injured her shoulder and lower back on 8/14/1991. Per Primary Treating Physician's PR-2 Report symptoms are reported as "constant 6-7/10 left lower back and hip pain frequently radiating into left and right posterior thighs. Additionally she is experiencing constant right shoulder pain 4/10." Patient has been treated with medications, physical therapy, acupuncture and chiropractic care. Diagnoses assigned by the PTP are lumbar disc degeneration, lumbar subluxation and rotator cuff syndrome. Per AME's report dated 7/28/2008 there is an MRI study of the shoulder showing "tendonitis and probable partial thickness tear at the anterior distal margin of the supraspinatus. Mild tendonosis of the subscapularis. No evidence of avascular necrosis." There are no MRI studies of the lumbar spine in the records provided. The AME has opined that the patient will need 12 sessions of chiropractic and massage therapy per year. The PTP is requesting 12 chiropractic manipulations to the lumbar spine, myofascial release to the lumbar and right shoulder and heat pack and EMS to low back and shoulder region 1 visit/month (for a period of one year). The PTP is also requesting 12 massage sessions (1 hour) once per month for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 VISITS CHIROPRACTIC CARE: ADJUSTMENTS TO THE LUMBAR SPINE, MYOFASCIAL RELEASE TO LUMBAR AND RIGHT SHOULDER, AND HEAT PACK AND EMS TO LOW BACK AND SHULDER REGION, 1 VISIT PER MONTH FOR ONE YEAR.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION, Page(s): 62.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK CHAPTER MANIPULATIONS ND ELECTRICAL STIMULATION SECTIONS.

Decision rationale: The AME has opined that 12 sessions of chiropractic and massage therapy are reasonable and appropriate, however there must be evidence of objective functional improvement and re-evaluations to support the effectiveness of chiropractic care and massage therapy per MTUS. MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." MTUS does not support the use of heat packs and EMS. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered to the low back and shoulder regions. There are no objective findings listed in the PR2 reports. I find that the 12 chiropractic sessions requested to the lumbar spine, myofascial release to the lumbar and right shoulder and heat pack and EMS to low back and shoulder region 1 visit/month (for a period of one year) to not be medically necessary and appropriate.

MASSAGE THERAPY: 1 HOUR (4 UNITS) PER MONTH FOR A PERIOD OF 1 YEAR:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Shoulder Chapters, Manipulation, Electrical stimulation and Massage Sections.

Decision rationale: The AME has opined that 12 sessions of chiropractic and massage therapy are reasonable and appropriate; however there must be evidence of objective functional improvement and re-evaluations to support the effectiveness of chiropractic care and massage therapy per MTUS. MTUS ODG Low Back and Shoulder Chapters for massage supports and recommends it as an option in conjunction with recommended exercise program however, the frequency and duration of treatment are the same as for manipulation. That is, per MTUS : "Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions

as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered to the low back and shoulder regions. There are no objective findings listed in the PR2 reports. I find that massage therapy 1 hour (4 units) per month for a period of 1 year to not be medically necessary and appropriate.