

Case Number:	CM13-0026280		
Date Assigned:	11/22/2013	Date of Injury:	03/23/2012
Decision Date:	01/23/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/18/2013

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, has a subspecialty certificate in Acupuncture 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 67-year-old male who reported an injury on 03/23/2012. The patient has been treated for persistent neck and right shoulder pain and stated that he is unable to lift anything with his right upper extremity due to the increased pain in his right shoulder as well as his neck. The Physician's Progress Report, dated 10/29/2013, notes that the patient was still experiencing the neck and right shoulder pain and was authorized for chiropractic treatment. The patient is currently taking medications to help alleviate his discomfort while he awaits word on transportation to and from his chiropractic appointments. The physician is now requesting chiropractic treatments 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three (3) times a week for four (4) weeks as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to 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 and is intended for the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Under the California MTUS Guidelines, it states that for low back treatments, the therapeutic care involves a trial of 6 visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Treatment may continue at 1 treatment per week for the next 6 weeks, and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The California MTUS Guidelines also refers to the recommendations of the Official Disability Guidelines, which suggest a trial of 6 visits and then 12 more visits, for a total of 18 based on the results of the trial, except that the Delphi recommendations in effect incorporate 2 trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits for a total of up to 24. The documentation dated 10/29/2013 stated that the patient had received authorization to begin chiropractic treatment; however, the documentation failed to clarify how many treatments he is going to be allowed. Therefore, in regards to the new request for chiropractic treatments 3 times a week for 4 weeks as an outpatient, the requested service cannot be warranted without knowing how many sessions the patient is already being authorized. As such, the requested service is non-certified.