

Case Number:	CM13-0027079		
Date Assigned:	02/05/2014	Date of Injury:	05/24/2011
Decision Date:	04/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 46-year-old male who reported injury on 05/24/2011. The mechanism of injury was noted to be the patient fell down a flight of stairs from the second floor to the first floor. The patient had been treated with 18 sessions of chiropractic care. The documentation of 08/20/2013 revealed the patient had muscle guarding and spasms present in the cervical spine. The patient had decreased range of motion of the right shoulder. The patient had a positive supraspinatus and Neer's test on the right shoulder. The patient had tenderness of the medial joint line of the bilateral knees. The patient's diagnoses were noted to include status post bilateral knee arthroscopies, and right shoulder rotator cuff repair, lumbar and cervical spine strain, and migraine headaches. The request was made for chiropractic treatment for the knee and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE 2 TIMES PER WEEK FOR 3 WEEKS FOR TREATMENT OF THE RIGHT SHOULDER AND BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), MANUEL THERAPY, PAGE PAGE 58, 59 AND OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: California MTUS states that 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. Treatment is not recommended for the knee and would not be supported. Treatment beyond 4-6 visits should be documented with objective improvement in function. California MTUS guidelines do not address chiropractic care for the shoulder. Official Disability Guidelines recommend 9 visits of chiropractic treatment for the shoulder. The patient had 18 visits of chiropractic care in the past. There was a lack of documentation indicating the body part that was treated with chiropractic care and documentation of objective functional improvement received from prior therapy. Given the above, the request for chiropractic care 2 times per week for 3 weeks for the treatment of the right shoulder and bilateral knees is not medically necessary.