

Case Number:	CM13-0038852		
Date Assigned:	12/18/2013	Date of Injury:	02/13/2012
Decision Date:	03/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/02/2013

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 Orthopedic Surgery, and is licensed to practice in Texas, New Mexico, and Nebraska. 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:

This is a 47-year-old female who sustained an injury on 02/13/2012 to her neck, shoulder, and upper back. Her past treatment includes physical therapy, injections, and also had right shoulder arthroscopic surgery on 06/22/2013. MRI of the cervical spine dated 06/04/2013 showed 2 mm central disc bulges at C5-6 and C6-7 without evidence of nerve root or spinal cord compression and mild degenerative changes. A clinic note dated 09/03/2013 indicates that she presented with complaints of pain in her bilateral shoulders which was 6/10 pain level and neck pain, 7/10. On physical exam, there was mildly positive Neer impingement, positive 90 cross over impingement, positive Apley, positive Hawkins, and weak abduction against resistance. There was reduced cervical spine range of motion in all orientations and slight loss of normal lordotic curvature. She was diagnosed with left shoulder tendinopathy, right shoulder impingement, right bicipital tendinitis, right AC cartilage disorder, cervicgia, and right subacromial subdeltoid bursitis. Treatment plan was authorization for chiropractic care twice a week for six weeks for the cervical spine, no medication refills, and authorization for cervical spine ESI and medial branch block injections. A note dated 11/27/2013 indicates that on exam there was positive right shoulder Neer impingement, positive 90 cross over impingement test, positive Apley, positive Hawkins, and weak abduction against resistance. Left shoulder ROM was full but with mid discomfort. Cervical spine range of motion was full but with discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic/ physiotherapy 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: CA MTUS Guidelines, indicate that chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions to achieve positive symptomatic or objective measurable gains in functional improvement. A note dated 09/03/2013 indicates that the patient has loss of motion of the cervical spine and an initial trial of 6 visits over 2 weeks is recommended as per the guidelines. However, guidelines further indicate that treatment beyond 4-6 visits should be documented with objective improvement in function. The request is for chiropractic/physiotherapy x 12 visits with no mention about re-evaluating the patient after 6 visits as recommended by guidelines to determine functional improvement, which is defined as improvement in ADLs, reduced pain level, and improved strength and ROM. Thus, the request is non-certified.