

Case Number:	CM13-0039095		
Date Assigned:	12/18/2013	Date of Injury:	10/24/2007
Decision Date:	03/05/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

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 & 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:

This female sustained an injury on 10/24/07 while employed by [REDACTED]. Request under consideration include chiropractic 3 times a week for 4 weeks (unspecified body part). Total chiropractic visits received to date is unknown. The patient was first evaluated by [REDACTED] on 1/4/13 for a slip and fall at work with injury to her right shoulder, elbow, back and right hip. Latest report is dated 8/2/13. The patient presents with continued chronic pain complaints despite extensive prior conservative care. Exam showed tender points and reduced range; impingement sign at shoulder; motor strength was normal; sensation was normal with some tenderness at right hip trochanter bursa. MRI of right hip was unremarkable; MRI of cervical spine showed multi-level moderate disc bulges; MRI of elbow showed triceps tendon and common extensor tendon tear. Diagnoses include cervical disc protrusion, right shoulder impingement syndrome with rotator cuff tendinitis; triceps injury; lateral epicondylitis; lumbar strain; and right hip trochanter bursitis. Recommendation included home exercise program, medications, and referral for chiropractic care. Review indicated reports of 2/1/13, 3/20/13, 4/17/13, and 5/15/13 all had recommendations for additional chiropractic care without mention for functional benefit or quantity received. Request for chiropractic was non-certified on 9/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times a week for 4 weeks (unspecified body part): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: This female sustained an injury on 10/24/07 while employed by [REDACTED]. Request under consideration include chiropractic 3 times a week for 4 weeks (unspecified body part). Total chiropractic visits received to date is unknown. The patient was first evaluated by [REDACTED] on 1/4/13 for a slip and fall at work with injury to her right shoulder, elbow, back and right hip. Latest report is dated 8/2/13. The patient presents with continued chronic pain complaints despite extensive prior conservative care. Exam showed tender points and reduced range; impingement sign at shoulder; motor strength was normal; sensation was normal with some tenderness at right hip trochanter bursa. Diagnoses include cervical disc protrusion, right shoulder impingement syndrome with rotator cuff tendinitis; triceps injury; lateral epicondylitis; lumbar strain; and right hip trochanter bursitis. Recommendation included home exercise program, medications, and referral for chiropractic care. Review indicated reports of 2/1/13, 3/20/13, 4/17/13, and 5/15/13 all had recommendations for additional chiropractic care without mention for functional benefit or quantity received. Clinical exam remains unchanged. Submitted reports have not demonstrated any flare-up or new red-flag findings to support further treatment. Guidelines states several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented and treatment beyond 4-6 visits should be documented with objective improvement in function. However, this has not been shown in this case. The chiropractic 3 times a week for 4 weeks (unspecified body part) is not medically necessary and appropriate.