

Case Number:	CM13-0044207		
Date Assigned:	12/27/2013	Date of Injury:	01/01/2005
Decision Date:	04/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery, 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This 52-year-old female sustained an industrial injury on 1/1/05. The injury involved the neck and bilateral shoulders and elbows. The patient is status post right shoulder surgery on 8/20/07, right shoulder open rotator cuff repair, acromioplasty, and bursa excision on 5/28/09, and right carpal tunnel release on 9/15/09. Conservative care included chiropractic treatment, on-going since 2009 with multiple times per month, month-to-month treatment through 2012. Chiropractic treatment in 2013 appeared to be episodic with 3-4 month hiatuses between treatment requests. The 3/7/13 pain management report documented cervical MRI findings of disc desiccation and disc protrusions at C4/5, C5/6, and C6/7. Subjective complaints were reported unchanged with grade 7/10 neck pain radiating to both shoulders and arms, right greater than left. The patient was compliant with medication use on an as needed basis and reported good relief without side effects. The patient was using Naproxen, Tramadol, and topical compounds. A cervical epidural steroid injection was offered but declined by the patient. The 9/12/13 treating physician report cited a 3-1/2 month hiatus in chiropractic treatment. Neck and right shoulder pain was reported grade 6-7/10. Cervical range of motion was limited to 70% of normal and right shoulder range of motion was limited to 90%. Objective findings documented cervical and right shoulder girdle spasms with positive cervical mechanical signs and positive right shoulder impingement and tendon signs. The diagnosis was right shoulder flare-up with underlying internal derangement and cervical spine flare-up with underlying disc pathology. The treatment plan recommended 4 chiropractic/physiotherapy visits to control and reduce her flare-up. The patient was capable of modified work. There was no documentation of benefit to chiropractic treatment in terms of objective measurable functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC /PHYSIOTHERAPY 2 X 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of chiropractic manipulation for chronic pain if caused by musculoskeletal conditions for the intended goal of functional restoration. Guidelines generally support 1 to 2 visits every 4 to 6 months for recurrence/flare-ups of chronic pain. MTUS Chronic Pain Guidelines recommend that all therapies be focused on the goal of functional restoration rather than merely the elimination of pain and state the assessment of treatment efficacy is accomplished by reporting functional improvement. Guideline criteria have not been met. There is no documentation of a functional loss associated with the reported flare to be addressed by chiropractic treatment. Pain levels are not elevated from the pain management reports. The patient's work status is unchanged. There is no documentation in the record that objective measurable functional improvement has been achieved with prior chiropractic treatment. Medication management is documented with good relief and no side effects. Therefore, this request for chiropractic/physiotherapy 2x2 is not medically necessary and appropriate.