

Case Number:	CM13-0053612		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2000
Decision Date:	03/14/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/18/2013

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, 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:

The patient is a 53 year old male who while employed as a truck driver sustained injury on 10/09/2000 to his lumbar spine and left shoulder. The patient initially underwent 9 months of physical therapy and utilized medications for pain. A steroid injection was administered to his left shoulder. The patient's medications include Tylenol #3 one p.o. one qid prn pain, Soma 350 mg one qid prn muscle spasm, and Naproxen 500 mg one bid. The patient had post lipoma surgery on the right shoulder. On 09/26/2013, [REDACTED] said the patient complained of pain as follows: Left shoulder is 5/10, it is constant with achiness and numbness that radiates down the arm; and lumbar spine is 6-7/10 on the subjective pain scale. It is constant, achiness and sharp with sudden movement that radiates down the right leg with numbness all the way to the bottom of the foot. The patient continues with reduced range of motion to the left shoulder and to the lumbar spine. Left shoulder flexion is 170/180 degrees, extension is 40/50 degrees, abduction is 150/180 degrees and adduction is 40/50 degrees. Lumbar spine flexion is 80/90 degrees, extension is 20/25 degrees, right lateral flexion is 25/25 degrees and left lateral flexion is 25/25 degrees. Lumbar spine degenerative disc disease, Lumbar spine radiculopathy, clinically. Lumbago, left shoulder impingement syndrome, left shoulder cartilage disorder, left shoulder subacromial/subdeltoid bursitis, and left shoulder bicipital tendinitis. Request for authorization for physio/chiro times two per week for six weeks for the left shoulder and lumbar spine, due to exacerbation of his old injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/ Physiotherapy 2x6=12: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, the chiropractic treatment is recommended for an initial trial of 6 visits over 2 weeks and treatment beyond 4-6 visits should be documented with objective improvement in function. The request is for chiropractic treatment 2 x 6 weeks (total of 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.