

Case Number:	CM13-0065044		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2007
Decision Date:	06/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/12/2013

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 Chiropractic, 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 injured worker is a 48-year-old female who reported an injury on 06/08/2007. The mechanism of injury was not provided. The prior treatments included trigger point injections, acupuncture, and chiropractic treatments, as well as medications. The injured worker had 2 failed rotator cuff surgery procedures. The documentation of 11/18/2013 revealed the injured worker's symptoms secondary to a 10/17/2013 "event" had improved, however, the specific type of event or injury was not specifically stated. It was indicated the injured worker would necessitate an ongoing regimen of care with a 1 to 3 visits per week, with reduction, taper, and cessation from the injury hopefully on or before 12/01/2013. It was indicated that objectively the reduction of symptoms in the right shoulder "spoke volumes". The diagnoses were chronic right shoulder pain and disability, status post multiple surgery shoulders times 2 for rotator cuff, failure to alleviate pain, muscle spasms, and right neck pain. The treatment plan included chiropractic-physiotherapy for 1 to 3 visits per week for a period of 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 VISITS CHIROPRACTIC PHYSIOTHERAPY FOR CERVICAL SPINE AND RIGHT SHOULDER: 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 Page(s): 58-59.

Decision rationale: The California MTUS Guidelines support the use of manipulation for the treatment of musculoskeletal pain. They do not specifically address the quantity of sessions for the treatment of the cervical spine or shoulder. As such, secondary guidelines were sought. According to the Official Disability Guidelines, the treatment for sprains and strains of the shoulder and upper arm is 9 visits over 8 weeks and the treatment for regional neck pain is 9 visits over 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously utilized chiropractic treatment. There was a reduction of symptoms in the right shoulder and it "spoke volumes" according to the physician, however, there was a lack of documentation of objective functional benefit that was received from prior sessions and the quantity of sessions utilized. There was a lack of documentation indicating what the re-injury "event" was and an objective physical examination to support the necessity for therapy. Given the above, the request for 6 visits chiropractic physiotherapy for cervical spine and right shoulder is not medically necessary.