

Case Number:	CM13-0065737		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2012
Decision Date:	06/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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 Pain Management and Physical Medicine & Rehabilitation; has a subspecialty in Interventional Spine 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 patient is a 40-year-old female with a date of injury of April 18, 2012. The listed diagnoses include right shoulder sprain/strain, status post two epidural injections and cervical sprain/strain. According to the orthopedic qualified medical evaluation (QME) supplemental report from August 14, 2013, future medical care for the right shoulder includes orthopedic consultation for exacerbation and should be on a home exercise program. The patient may require continuation of medication and brief course of physical therapy during acute flare-ups. The patient also may require diagnostic testing's. The chiropractic report from August 29, 2013 indicates that the patient presents with pain and stiffness over the right shoulder, specifically on the right scapular area. The range of motion of both cervical spine and right shoulder is within normal limits. The treating physician recommended continued treatment sessions. A progress report from August 29, 2013 indicates that the patient presents with continued pain and stiffness in the right shoulder. Computerized range of motion (ROM) and Manual muscle testing (MMT) report from September 11, 2013 indicates that the patient was tested using the JTech tracking system, a computerized muscle strength evaluation system. The patient's strength was consistent and following below 15 percentile. The request is for retrospective chiropractic care with dates of service from July 30, 2013 to September 11, 2013 and retrospective requests for muscle strength tests with dates of service July 30, 2013 to September 11, 2013. Utilization review denied the requests on November 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE (DOS 09/06/13) REVIEW FOR CHIROPRACTIC TREATMENT:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment. The number of sessions provided to date is not indicated in the medical file. The California MTUS recommends an optional trial of six visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous request for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. Given the lack of documented functional improvement from prior chiropractic treatments, the request is not medically necessary.

RETROSPECTIVE (DOS 08/02/13) REVIEW FOR CHIROPRACTIC TREATMENT AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment and muscle testing. The California MTUS guidelines recommend an optional trial of six visits over two weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous requests for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. In regards to the muscle testing, The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation. Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be

part of the examination performed during office visitation. Therefore, the requests are not medically necessary.

RETROSPECTIVE (DOS 09/11/13) REVIEW FOR MUSCLE TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective muscle testing. The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation. Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be part of the examination performed during office visitation. Therefore, the requests are not medically necessary.

RETROSPECTIVE (DOS 09/04/13) REVIEW FOR CHIROPRACTIC TREATMENT:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment. The number of sessions provided to date is not indicated in the medical file. The California MTUS recommends an optional trial of six visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous request for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. Given the lack of documented functional improvement from prior chiropractic treatments, the request is not medically necessary.

RETROSPECTIVE (DOS 07/30/13) REVIEW FOR CHIROPRACTIC TREATMENT AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation National Library of Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment and muscle testing. The California MTUS guidelines recommend an optional trial of six visits over two weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous requests for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. In regards to the muscle testing, The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation. Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be part of the examination performed during office visitation. Therefore, the requests are not medically necessary.

RETROSPECTIVE (DOS 08/05/13) REVIEW FOR CHIROPRACTIC TREATMENT AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment and muscle testing. The California MTUS guidelines recommend an optional trial of six visits over two weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous requests for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. In regards to the muscle testing, The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation.

Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be part of the examination performed during office visitation. Therefore, the requests are not medically necessary.

RETROSPECTIVE (DOS 08/09/13) REVIEW FOR CHIROPRACTIC TREATMENT AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment and muscle testing. The California MTUS guidelines recommend an optional trial of six visits over two weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous requests for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. In regards to the muscle testing, The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation. Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be part of the examination performed during office visitation. Therefore, the requests are not medically necessary.

RETROSPECTIVE (DOS 08/16/13) REVIEW FOR CHIROPRACTIC TREATMENT AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment and muscle testing. The California MTUS guidelines recommend an optional trial of six visits over two weeks, with evidence of

objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous requests for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. In regards to the muscle testing, The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation. Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be part of the examination performed during office visitation. Therefore, the requests are not medically necessary.

RETROSPECTIVE (DOS 08/23/13) REVIEW FOR CHIROPRACTIC TREATMENT AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment and muscle testing. The California MTUS guidelines recommend an optional trial of six visits over two weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous requests for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. In regards to the muscle testing, The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation. Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be part of the examination performed during office visitation. Therefore, the requests are not medically necessary.

RETROSPECTIVE (DOS 08/29/13) REVIEW FOR CHIROPRACTIC TREATMENT AND MUSCLE TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional improvement measures

Decision rationale: The patient presents with chronic neck and shoulder pain. The treating physician is requesting retrospective chiropractic treatment and muscle testing. The California MTUS guidelines recommend an optional trial of six visits over two weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6 to 8 weeks. The number of treatments received to date is unclear. There are continuous requests for "continuation of treatment" without any discussion of functional improvement with prior treatment. The Labor code 9792.20(e) defines functional improvement as significant improvement in activities of daily living or reduction in work restrictions and decreased dependence on medical treatment. In regards to the muscle testing, The California MTUS and ACOEM Guidelines as well as the Official Disability Guidelines (ODG) do not specifically discuss this. However, the ODG considers examinations, such as range of motion, as part of routine musculoskeletal evaluation. Muscle testing is also part of a routine evaluation included in the examination. The treating physician does not explain why muscle test is requested as a separate criterion, as it should be part of the examination performed during office visitation. Therefore, the requests are not medically necessary.