

Case Number:	CM13-0068354		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2005
Decision Date:	04/15/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/19/2013

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 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:

This case concerns a 69 year old male who sustained injuries to his neck and shoulder on 4/1/2005. According to the PTP's Doctor's First Report the mechanism of injury is described as a heavy piece of aircraft equipment became loose and struck the patient on the left side of neck and left shoulder causing him to fall down and twist to his right. Chief complaints according to the same report are "general spinal pain with pains at his neck with upper back and lower back areas along with painful spinal mobility. He also reports having right shoulder to arm with forearm wrist pain with off and on numbness and tingling like sensation and weakness. He states he has left hip to leg pain which makes him limp for the past few days." Treatments provided to the patient in the past are not found in the records provided, however the patient is status post-surgical for his right shoulder (rotator cuff) and he has received some chiropractic care from the requesting physician. There are no MRI or EMG/NCV studies in the records provided. Diagnoses assigned by the PTP are right cervico-brachial syndrome, knee pain, left lumbosacralgia and right shoulder tendonitis/bursitis. The PTP is requested an initial trial of 12 chiropractic sessions to the cervical spine and right shoulder. The carrier has modified the request for 12 sessions and approved 6 sessions of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x/week x 6 weeks, right shoulder and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Shoulder chapters, Manipulation Section; and the MTUS Definitions, pg. 1

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This employee suffers from a chronic injury to his neck and shoulder. According to the records provided he is retired. The PR2 reports provided for review present evidence of objective functional improvement with the chiropractic care rendered thus far, as defined in the MTUS guidelines. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." As for the number of chiropractic sessions the MTUS ODG Neck Chapter recommends a trial of 6 visits over 2-3 weeks. The MTUS Post-Surgical Treatment Guidelines for shoulder sprains and strains recommend 24 visits of physical medicine treatments over 14 weeks. The MTUS ODG Shoulder chapter is silent on initial treatment trial and recommends 9 visits over 8 weeks. Given that there has been evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions I find that the request for 12 chiropractic sessions to the neck and right shoulder to be medically necessary and appropriate.