

Case Number:	CM14-0104822		
Date Assigned:	09/16/2014	Date of Injury:	08/07/2010
Decision Date:	10/15/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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, has a subspecialty in Acupuncture and is licensed to practice in New York. 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:

Upon review of the medical records provided the applicant is a 48 year old male who sustained an industrial injury that occurred on August 7, 2010 while employed by the [REDACTED] as a motor coach operator. Thus far, treatment has consisted of six chiropractic treatments between 1/16/13 and 2/12/13 indicating no improvement with each appointment and medications. The applicant has been diagnosed with lumbar and cervical radicular symptoms. Upon review of most recent PR-2 reports dated 3/18/14 and 5/5/14 the applicant continued to have subjective complaints of lower back pain and right buttock pain and pain radiating to the legs, right shoulder pain. Lumbar spinal range of motion was indicated as being decreased, tender right sacroiliac joint, tender right acromioclavicular joint, positive impingement shoulder muscle testing was 4/5 flexion and abduction and right elbow pain, joint pain and muscle spasm. The applicant was diagnosed with right shoulder sprain/strain, lumbar spine sprain/strain, right lower extremity radiculopathy, facet arthrosis C3-5, cervical spine sprain/strain. Medications/NSAIDS were continued, home exercises were to be continued. The applicant is able to work and able to perform his activities of daily living. 8 Chiropractic treatment with therapies was requested. In a utilization review report dated 6/19/14, the reviewer determined 8 chiropractic visits with exercise modalities, manipulation and myofascial release to the right shoulder neck and lower back between 6/18/14 and 8/2/14 was non-certified. The reviewer indicated prior treatment from soap notes did not show evidence of any functional improvement. The CA MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy & Manipulation were referenced. The guidelines also do not support the treatment of radicular spinal symptoms with manipulation or myofascial release. Shoulder manipulation can be based on a patient's prior success with chiropractic care. Soap notes from six treatments in 2012 indicated no subjective or objective changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic visits with exercise modalities, manipulation and myofascial release, for the right right shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Chapter Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Shoulder Manipulation Chapter

Decision rationale: The proposed request for 8 chiropractic visits with exercise modalities, manipulation and myofascial release to the lumbar spine and right shoulder is not medically necessary and appropriate and not sanctioned under the guidelines. The medical records reviewed do not show any subjective or objective functional improvement or decrease in pain to chiropractic manipulation, myofascial release or exercise modalities. Medications were recommended to be continued indicating that the medications allow the performance of activities of daily living and allow the applicant to work. The medical records reviewed do not indicate significant functional improvement from myofascial release or manipulation to the lower back or right shoulder. With regards to shoulder manipulation as per the CA MTUS guidelines there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. With regards to the ODG Chiropractic Guidelines-TWC Shoulder Manipulation Chapter, the request for manipulation to the shoulder would not be sanctioned under the guidelines. The applicant already received 6 visits and a request for an additional 8 would not be sanctioned under the ODG chiropractic guidelines. The Guidelines for sprain and strains of shoulder and upper arm, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. 9 visits total over 8 weeks. The request exceeds the guidelines. The MTUS Chronic Pain Treatment Guidelines-chapter manual therapy and manipulation pages 58-59 indicate treatment may be indicated initially for the lumbar spine in a trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective therapy is not recommended. For recurrences/flare-ups there is a need to re-evaluate treatment success and if returned to work is achieved then 1-2 visits every 4-6 months. Therefore, 8 chiropractic visits with exercise modalities, manipulation and myofascial release, for the right shoulder and low back is not medically necessary and appropriate.