

Case Number:	CM14-0108332		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2012
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 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:

The patient is a 47-year-old male born on [REDACTED]. The patient reports sustaining a continuous trauma/injury to his neck, right shoulder, low back, and bilateral upper extremities while performing his usual and customary job duties as a Forklift Driver, with date of injury reported 05/01/2012. The medical provider reported in his 02/26/2014 PR-2 the patient presented with bilateral shoulder pain, and he recommended chiropractic care at a frequency of 2 times per week for 6 weeks. In medical examination on 03/06/2014, the patient was attending ongoing postoperative therapy for his shoulder, and the physician reported when patient finished therapy, he'll return for reevaluation and begin chiropractic care for the cervical spine. In medical follow-up on 03/26/2014, the patient reported bilateral shoulder pain, right shoulder improved S/P right shoulder surgery 02/12/2014. The patient had completed 6 sessions of chiropractic care for his right shoulder. Patient was diagnosed with bilateral shoulder impingement/bursitis, right shoulder SLAP tear, bilateral shoulder biceps tendinitis, bilateral shoulder AC arthrosis, and status post right shoulder ASAD 02/12/2014. The patient was to continue with chiropractic care. On 04/14/2014, the patient was seen in medical follow-up of neck and back pain with bilateral upper and lower extremity symptoms. He was currently undergoing postop chiropractic care for the right shoulder. The patient was not currently working and last worked 05/15/2012. He reported constant 9/10 neck pain, decreased with medication to 4/10, and lower extremity numbness, pins and needles sensations and burning pain rated 8-9/10. By examination there was tenderness to palpation in the cervical spine and positive facet joint loading, decreased sensation to pinprick and light touch bilateral C6, C7 and C8 dermatomes; bilateral grip strength weakness, low back tenderness to palpation with decreased range of motion, decreased sensation left L5 and S1 dermatomes, positive SLR at 60 on the left to the foot and positive SLR on the right at 70, motor strength 4+/5 left dorsiflexion and plantar flexion at the ankle, and DTRs symmetrical

and intact bilaterally. In orthopedic evaluation on 04/30/2014, the patient reported neck pain, low back pain, right shoulder pain, and paresthesias in the bilateral hands. Diagnoses were reported as cervical myofascial pain, lumbar myofascial pain, mild carpal tunnel syndrome bilateral wrist, peripheral neuropathy, right shoulder impingement syndrome with SLAP tear, bilateral shoulder sprain, and status post diagnostic and operative arthroscopy. On 05/05/2014, 06/02/2014, and 06/04/2014 the patient received chiropractic manipulative treatment to the right shoulder. There is a request for 8 visits of chiropractic care for the cervical and lumbar spines, and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x a week x 4 weeks, Cervical Spine, Lumbar Spine and Bilateral Shoulders:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014. Shoulder (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/17/2014.

Decision rationale: The request for 8 chiropractic treatment visits (2 times per week for 4 weeks) for the cervical spine, lumbar spine and bilateral shoulders is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and shoulder conditions; therefore, both MTUS and ODG will be referenced. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The request for 8 sessions of chiropractic therapy for the lumbar spine is not supported to be medically necessary. Because MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and shoulder conditions, ODG is the reference source. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary -

Manipulation: In the treatment of shoulder complaints, ODG reports 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. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered, and supports only a total of 9 visits based upon objective progress towards functional restoration with a 2-3 visit trial. The request for 8 chiropractic visits for the cervical spine, lumbar spine and bilateral shoulders is not supported to be medically necessary. Regarding the lumbar spine, MTUS supports a trial of up to 6 visits over 2 weeks; therefore, the request for 8 visits at a frequency of 2 visits per week for 4 weeks exceeds guidelines recommendations and is not supported to be medically necessary. The submitted documentation does not provide evidence of objective functional improvement with past chiropractic care possibly rendered, evidence of acute exacerbation, or evidence of a new condition; therefore, the request for 8 chiropractic treatment sessions to the patient's lumbar spine exceeds MTUS Treatment Guidelines recommendations and is not supported to be medically necessary. Regarding the cervical spine, ODG supports a 6-visit trial of care over 2-3 weeks; therefore, the request for 8 visits at a frequency of 2 visits per week for 4 weeks exceeds guidelines recommendations and is not supported to be medically necessary. The submitted documentation does not provide evidence of objective functional improvement with past chiropractic care possibly rendered, evidence of acute exacerbation, or evidence of a new condition; therefore, the request for 8 chiropractic treatment sessions to the patient's cervical spine exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary. Regarding the shoulder, ODG notes a 2-3 visit trial may be considered; therefore, the request for 8 visits at a frequency of 2 visits per week for 4 weeks exceeds guidelines recommendations and is not supported to be medically necessary. Additionally, this patient did treat with shoulder manipulations on an unreported number of visits. The submitted documentation does not provide evidence of objective functional improvement with past chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition; therefore, the request for 8 chiropractic treatment sessions to the patient's shoulder exceeds ODG Treatment Guidelines recommendations and is not supported to be medically necessary.