

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0119422 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 05/10/2013 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/28/2014 |

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 licensed 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 64-year-old female. During the course of her employment as a Speech Language Pathologist, she was walking and slipped on cheese sauce that was spilled on the floor. She fell landing on her right side and hit her head against the floor. Although supporting clinical documentation was not provided for this review, the chiropractor completed his Doctors First Report of Occupational Injury or illness on 09/16/2013. Chiropractic treatment at a frequency of 2 times per week for 3 weeks for the cervical spine and right shoulder was approved on 03/24/2014, and chiropractic treatment at a frequency of 2 times per week for 4 weeks for the cervical spine and right shoulder was approved on 04/30/2014. The chiropractor's PR-2 reports of 02/24/2014, 04/07/2014 and 04/21/2014 note patient complaints of cervical and thoracic spine pain, right shoulder pain, and loss of sleep due to pain. Each report recommended chiropractic care at a frequency of 2 times per week for 4 weeks to increase Range of Motion (ROM) and Activities of Daily Living's (ADL's) and to decrease pain. The chiropractor's PR-2 of 06/02/2014 reports patient complaints of cervical spine, thoracic spine and right shoulder pain and loss of sleep due to pain. Examination findings on 06/02/2014 were not significantly different from findings on 02/24/2014, 04/07/2014 and 04/21/2014. By examination on 06/02/2014 cervical spine ranges of motion were noted as flexion 45/50, extension 55/60, bilateral lateral bending 40/45, and bilateral rotation 80/80, tenderness to palpation in cervical paravertebral muscles, muscle spasm of cervical paravertebral muscles, and cervical compression and shoulder depression positive. By examination on 06/02/2014 thoracic spine ranges of motion were noted as flexion 40/45 and bilateral rotation 30/30, tenderness to palpation in thoracic paravertebral muscles, thoracic paravertebral muscle spasms and Kemp's caused pain. By examination on 06/02/2014 right shoulder range of motion was decreased and painful; there was tenderness to palpation of AC joint, anterior shoulder, lateral shoulder, posterior shoulder

and supraspinatus; and supraspinatus press was positive. Diagnoses were noted as cervical disc protrusion, cervical muscle spasm, cervical pain, cervical radiculopathy, cervical strain, cervical stenosis, thoracic disc protrusion, and thoracic pain. The chiropractor recommended chiropractic care at a frequency of 2 times per week for 4 weeks to increase ROM and ADLs and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, 1-2 times a week for 4 weeks DOS: 6/2/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 106,111,115,Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, pages 58-60 Page(s): pages 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, Updated 08/14/2014; Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, Updated 07/29/2014.

Decision rationale: In the treatment of neck pain and cervical strain, ODG recommends, "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. There is limited evidence to specific support in 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." The patient initially presented for chiropractic care on 09/06/2013 and has treated on an unreported number of prior chiropractic treatment sessions. Chiropractic treatment at a frequency of 2 times per week for 3 weeks for the cervical spine and right shoulder was approved on 03/24/2014, and chiropractic treatment at a frequency of 2 times per week for 4 weeks for the cervical spine and right shoulder was approved on 04/30/2014. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for additional chiropractic treatment visits at a frequency of 1-2 visits per week for 4 weeks exceeds ODG recommendations and is not supported to be medically necessary.