

Case Number:	CM14-0124529		
Date Assigned:	08/08/2014	Date of Injury:	01/08/2014
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation 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 25 year old female with date of injury 1/8/14 that occurred as a result of pushing and pulling heavy medication carts into an elevator. The treating physician report dated 8/15/14 indicates that the patient presents with pain affecting the left shoulder going into the left arm, neck, upper back and chest. The physical examination findings reveal slightly decreased cervical ranges of motion, positive cervical compression test, normal reflexes, improved tenderness and decreased muscle spasms and positive Supraspinatus stress test. The current diagnoses are: 1.Shoulder S/S2.Cervical disc syndrome3.Cervical and thoracic S/S4.Cervical and thoracic segmental dysfunctionThe utilization review report dated 7/30/14 modified the request for 16 chiropractic treatments to 6 based on the MTUS guidelines. The UR physician noted that 12 chiropractic sessions had previously been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 16 visits , cervical, thoracic, left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation pg 58-60Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The

intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician. Number of Visits: Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Active Treatment versus Passive Modalities: Manipulation is a passive treatment, but many chiropractors also perform active treatments, and these recommendations are covered under Physical therapy (PT), as well as Education and Exercise. The use of activ

Decision rationale: The patient presents with improving pain affecting the cervical and thoracic spine as well as the left shoulder and arm. The 8/15/14 treating physician appeal report states that the UR physician assumed that the 16 visits requested were prospective. The treater goes on to state that the initial 12 chiropractic sessions performed were done prior to the acceptance of the claim and therefore the current request for 16 visits includes 12 retrospectively and 4 prospectively. The UR physician authorized 6 visits after assuming that the initial 12 had already been authorized. The treating physician in this case has provided a clear explanation as to why 16 chiropractic treatments were requested for authorization. The MTUS guidelines allow for chiropractic treatment up to 18 visits with documentation of functional improvement. The treating physician states that the patient is able to do more ADL and function better and is working with less restriction as a result of the chiropractic care. Recommendation is for authorization of the total 16 chiropractic visits which covers the 12 retrospective treatments and 4 additional visits.