

Case Number:	CM14-0023284		
Date Assigned:	05/14/2014	Date of Injury:	03/03/2010
Decision Date:	07/21/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine 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:

Patient is an injured worker with diagnoses: Cervical IVD disorder, acromioclavicular joint/ligament sprain, disorder of bursae/tendons of shoulder. Date of injury was 3/3/2010. Chiropractic clinic office visit note dated January 21, 2014 provided a progress report:: Subjective: When the patient came into the office, he stated that since his last office visit, he is doing slightly worse. Patient stated that he is feeling increased headache and neck pain. The increase in the complaint started 4 days ago insidiously. He also stated that he is feeling increased allergy and sinus symptoms which have added to the complaint. On a scale of 0 to 10, patient rated his neck a 7, right shoulder an 8, tension headaches a 6, right buttocks a 0, right hamstrings a 0, right calf a 0, right foot a 0, right lower back a 3, left knee a 5 and upper back an 8. Patient stated that his problems continue to be relieved when he gets adjusted, uses an analgesic cream, lies on his back with his knees bent and takes prescription medications. The patient also let me know that he has been doing ail of the exercises he is supposed to most of the time, and he understands that it is in his best interest to do them. Objective: The patient had decreased cervical flexion with pain, extension with pain, left rotation with pain, right rotation with pain, left lateral flexion with pain and right lateral flexion with pain. The patient's lumbar range of motion showed decreased lumbar flexion with pain, extension with pain, left rotation with pain, left lateral flexion with pain, right rotation with pain and right lateral flexion with pain. Observation revealed decreased left leg flexion with pain and extension with pain. The patient presented with antalgic posture in which he leaned forwards. Moderate spasms were observed in the patient's lower back, right lower lumbar, cervical musculature, upper trapezius muscle and upper thoracics. Observation of the patient revealed moderate hypertonicity over his lower back, right lower back, cervical musculature and upper thoracics. Moderate tender taut fibers were present in the patient's lower lumbar musculature, right sacro-iliac articulation,

cervical musculature, upper trapezius muscle and upper thoracic musculature. During palpation of the patient's spine, observed tenderness over L4, L5 and right PSIS. Orthopedic testing revealed Foraminal Compression Test was positive. Maximum Cervical Compression was positive. Shoulder Depression Test was positive, Appley's Scratch Test was positive. Apprehension Test was positive, Impingement Sign was positive, Bechterew's Test was positive, Valsalva was positive, Ely's Test was positive, Kemp's Test was positive, Gaenslen's Test was positive, Hibb's Test was positive. Yeoman's Test was positive, Patrick Fabere Test was positive, McMurray sign was positive on his left and Bounce home test was positive on his left. While in the prone position, a functionally short left leg length was noticed. Procedure/plan: Pulsed ElectroMagnetic Field Therapy to increase the range of motion as well as to equalize the pressure Inside the patient's discs, mechanical flexion distraction was used on the patient. The Diversified Chiropractic adjusting technique was performed overall restricted vertebral segments. All segments moved well, and appropriate audible releases were heard with each adjustment. After the treatment, the patient told me that he felt slightly better. The patient should continue his treatments at a rate of 2 times per week. Request for Authorization 01-21-2014 requested Chiropractic manipulative therapy, Physiotherapy. Primary treating physician's progress report (PR-2) 01-21-2014 documented: Diagnoses: Cervical IVD disorder, acromioclavicular joint/ligament sprain, disorder of bursae/tendons of shoulder. Treatment Plan: Chiropractic manipulative therapy (cmt) with traction and physiotherapy. 2 treatments/week for 4 weeks. Chiropractic clinic office visit note dated 09-17-2013 provided a progress report: Patient stated that his problems continue to become better when he gets adjusted. He has been doing ail of the exercises he is supposed to most of the time. Procedure/plan: Pulsed ElectroMagnetic Field Therapy. Patient should continue treatment 2 times per week. Chiropractic clinic office visit note dated 09-20-2013 provided a progress report: Patient stated that his problems continue to become better when he gets adjusted. He has been doing ail of the exercises he is supposed to most of the time. Procedure/plan: Pulsed ElectroMagnetic Field Therapy. Patient should continue treatment 2 times per week. Utilization review was performed on 2/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION WITH TRACTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states: There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints discusses the Clinical Measure - Physical treatment

methods. Optional physical treatment methods are: Physical manipulation for neck pain early in care only (B), At-home applications of heat or cold (D), Radio-frequency neurotomy (C). Traction is not recommended (B). TENS is not recommended (C). Other modalities are not recommended (D). Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms. Chiropractic manipulation, traction, and physiotherapy are physical modalities. Primary treating physician's progress report (PR-2) 01-21-2014 documented: Diagnoses: Cervical IVD disorder, acromioclavicular joint/ligament sprain, disorder of bursae/tendons of shoulder. Date of injury was 3/3/2010. MTUS and ACOEM guidelines state that traction is not recommended however physical manipulation for neck pain is recommended early in care only. Date of injury was 3/3/2010. The patient's neck condition is not early in care. The neck condition is chronic. MTUS and ACOEM guidelines state that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities. MTUS and ACOEM guidelines state that physical modalities are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms. The patient's shoulder condition is not acute. Date of injury was 3/3/2010. The patient's shoulder condition is chronic. MTUS and ACOEM guidelines do not support the medical necessity of chiropractic manipulation, traction, or physiotherapy. Therefore, the request for CHIROPRACTIC MANIPULATION WITH TRACTION is not medically necessary.

PHYSIOTHERAPY X 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states: There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints discusses the Clinical Measure - Physical treatment methods. Optional physical treatment methods are: Physical manipulation for neck pain early in care only (B), At-home applications of heat or cold (D), Radio-frequency neurotomy (C). Traction is not recommended (B). TENS is not recommended (C). Other modalities are not recommended (D). Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial

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