MAXIMUS Federal Services

Case Number:	CM14-0032283		
Date Assigned:	04/09/2014	Date of Injury:	12/29/2011
Decision Date:	06/02/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Pain Management 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 52 year old with an injury date on 12/29/11. Based on the 5/29/13 progress report provided by [redacted] the diagnoses are: 1.) Right shoulder sprain, status post arthroscopy and debridement May 2012. 2.) Right shoulder progression of partial thickness rotator cuff tear and persistent biceps tendon subluxation post-op 3.) Contusion right biceps attachment, doubt attachment disruption. 4.) Cervical sprain. 5.) Right middle finger stenosing tenosynovitis - trigger finger On 12/29/11, the patient fell off a ladder and landed on an outstretched right arm. Exam on 5/29/13 showed tenderness/tightness over upper trapezius levator, cervical rotation bilaterally 70 degrees with increasing pain on right and aching distally into shoulder blade and down arm with Spurling's test to the right. Right shoulder abducts 140 degrees but painful arc from 60 on up. Resisted flexion/extension, internal/external rotation with some increasing deep pain, trigger and internal shoulder pain. He has pain guarding versus weakness of the right upper extremity." After May 2012 right arthroscopy, patient reported greater than "75% relief but pain returned within seven months" per 11/13/13 report. The 11/13/13 report indicates the patient underwent chiropractic treatments between 12/29/11 and May 2012 arthroscopy [redacted] is requesting chiropractic 2x8 cervical. The utilization review determination being challenged is dated 2/6/14 and refuses request due to lack of comprehensive assessment of therapy, no specific, time-limited treatment goals. [redacted] is the requesting provider, and he provided treatment reports from 5/29/13 to 2/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X 8, CERVICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND TREATMENTS Page(s): 58,59.

Decision rationale: According to the 12/29/11 report by [redacted], this patient presents with "pain located in right neck radiating down right upper extremity in a C6 versus C7 distribution. Pain rated 2-8/10 and described as numb, throbbing, shooting, continuous, stabbing. Weakness in right arm. Hand pain worsens with lying down, lifting and fine motor tasks. Sleeps 5 to 7 hours per night and is interrupted by pain." The request is for chiropractic 2x8 cervical. The 5/29/13 report stated the patient is "improving but ongoing pain in right shoulder. Reduction in meds, increase in range of motion of shoulder." The 6/12/13 report stated chiropractic treatments are helpful, offset opiate use but orthopedic and neurology symptoms are worsening. The 7/31/13 report states patient hasn't worked since Sept 2012. On 1/15/14, the patient reported a worsening condition and continued cervical radiculopathy, increasing depression. Report on 1/15/14 stated: "Request chiropractic care 2x week for 8 weeks to increase range of motion." For chiropractic treatments, MTUS guidelines allow up to 18 sessions total and 1-2 sessions every 4 months if the patient is working after initial trial of 6 treatments. In this case, the treating provider has asked for chiropractic 2x8 cervical, but documentation of prior chiropractic treatments is lacking, patient has shown functional improvement, and has not returned to work. Recommendation is for denial.