

Case Number:	CM14-0039716		
Date Assigned:	06/27/2014	Date of Injury:	06/28/2013
Decision Date:	07/28/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is a patient with a date of injury of June 28, 2013. A utilization review determination dated March 11, 2014 recommended noncertification of physiotherapy 2X6. Noncertification was recommended since the requested number of treatments exceeded the number recommended as an initial trial by guidelines. A progress report dated March 5, 2014 identifies subjective complaints indicating that the patient has attended 3 therapy sessions which were found to be helpful. Physical examination identifies tenderness to palpation in the cervical muscles as well as slightly reduced cervical range of motion with positive compression test. There is tenderness to palpation affecting the right shoulder muscles and slightly reduced range of motion in both shoulders. Diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, right shoulder impingement syndrome, left shoulder impingement syndrome, and left sternocleidomastoid strain/sprain. The treatment plan recommends chiropractic treatment 2 times a week for an additional 6 weeks, daily stretches, and a 30 day supply of oral and transdermal anti-inflammatory and analgesic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CHIROPRACTIC THERAPY WITH PHYSIOTHERAPY AND MYOFASCIAL RELEASE TO THE CERVICAL AND THORACIC SPINE AND BILATERAL SHOULDERS: Upheld

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

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

Decision rationale: Regarding the request for chiropractic care, the MTUS Chronic Pain Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by the MTUS Chronic Pain Guidelines of 6 visits. Finally, it is unclear how many chiropractic sessions the patient has already undergone, and whether there was any objective functional improvement from those sessions. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.