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| Case Number: | CM14-0046551 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 08/29/2013 |
| Decision Date: | 08/01/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 Chiropractor and is licensed to practice in Texas. 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 injured worker is a 45-year-old female with a reported date of injury on 08/29/2013. The mechanism of injury was reported as repetitive use. The injured worker presented with pain in her neck, right elbow and midback, rated at 8/10. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 35 degrees, extension to 40 degrees, right lateral bending to 40 degrees, left lateral bending to 35 degrees and bilateral rotation to 15 degrees. The x-ray of the cervical spine dated 09/04/2013 revealed discogenic and osteophytic changes at C5-6 and, to a lesser extent, at C6-7. The injured worker's shoulder physical exam revealed tenderness to the right lateral tip of the shoulder and limited range of motion with a positive Hawkins impingement to the right. Previous physical therapy and chiropractic care were not provided within the documentation available for review. The injured worker's diagnoses included rotator cuff syndrome and supraspinatus syndrome. The injured worker's medication regimen included Ultracet, Prilosec, Norco and Dulcolax. The Request for Authorization for additional chiropractic sessions times 12 was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC SESSIONS X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation 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 and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and a return to productive activities. Manual therapy and manipulation for the low back are recommended as a trial of 6 visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. According to the clinical documentation provided for review, the injured worker has previously participated in physical therapy, chiropractic care and acupuncture; the results of which were not provided within the documentation available for review. The guidelines state that elective maintenance care with manual therapy and manipulation is not medically necessary. There is a lack of documentation related to the therapeutic and functional benefits related to previous chiropractic sessions. The request for an additional 12 sessions of chiropractic care exceeds the recommended guidelines. In addition, the request as submitted failed to provide the specific site at which the chiropractic care was to be utilized. Therefore, the request for additional chiropractic sessions times 12 is not medically necessary.