

Case Number:	CM14-0063740		
Date Assigned:	07/11/2014	Date of Injury:	05/23/2012
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 Chiropractic, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington, and New Mexico. 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 50 year old individual with an original date of injury of 5/23/12. The patient underwent left shoulder arthroscopic surgery on 3/26/14. The patient has been treated with 12 chiropractic visits following the surgery. On 4/21/14, the treatment note indicates the patient gets temporary pain relief from these treatments, but there is no documented objective, functional improvement notes. The disputed issue is a request for Chiropractic services: postop with exercises, modalities, manipulation and myofascial release: 3 times a week for 4 weeks, then 2 times a week for 4 weeks, then 1 time a week for 4 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SERVICES; POSTOP WITH EXERCISES, MODALITIES, MANIPULATION AND MYOFASCIAL RELEASE; THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS, THEN TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS, THEN ONE (1) TIMES A WEEK FOR FOUR (4) WEEKS;; Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Shoulder. Arthroscopic Surgery.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if return to work was achieved then 1-2 visits every 4-6 months. The Official Disability Guidelines (ODG) recommends 24 visits over 14 weeks for arthroscopic surgical procedures. The patient has already has 12 chiropractic treatments. The request for Chiropractic services: postop with exercises, modalities, manipulation and myofascial release: 3 times a week for 4 weeks, then 2 times a week for 4 weeks, then 1 time a week for 4 weeks is not medically necessary and appropriate.