MAXIMUS Federal Services

Case Number:	CM14-0073536		
Date Assigned:	07/16/2014	Date of Injury:	09/02/2009
Decision Date:	11/07/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

Note October 23, 2013, indicates ongoing complaints of right shoulder pain with the history of right shoulder arthroscopic surgery. Medications were reported to benefit the insured. Physical exam indicates moderate acute muscle spasms in the bilateral paraspinal muscles with decreased range of motion with well healed arthroscopic incision scars. Note December 19, 2013, indicates persistent ongoing pain. The insured was having physical therapy three times a week and doing well. Medications were symptomatically helping. Physical exam indicates significant tenderness, muscle spasms of the right paracervical and trapezium muscles with decreased range of motion with an assessment of cervical sprain/strain. Note February 20, 2014, indicates persistent ongoing pain in the neck with history of shoulder surgery. The insured tried to reduce opioid medication but experienced increasing pain and spasm and decreased functionality. Exam notes palpable tenderness and trigger point activity throughout the cervical paraspinal muscles. April 16, 2014, indicates ongoing complaints of pain in the neck radiating to the shoulder and right upper extremity. The insured reports she had six sessions of chiropractic treatment and reports that this gave her greater relief than any other treatment to date and requests an additional eight sessions. The insured continues to use medication. Physical exam indicated decreased sensation of the distribution of right C7-C8 nerves with palpable tenderness and trigger point activity throughout the cervical paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Chiropractic visits per week for four weeks.: Overturned

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 low back, manual therapy and manipulation Page(s): 58.

Decision rationale: The medical records indicate pain related to musculoskeletal condition that has not improved with conservative treatment of surgery, medications, or PT. The insured reportedly had 6 visits of chiropractic care with improved functional ability. MTUS supports manual therapy (chiropractic treatment) as an option for up to 18 visits over 6-8 weeks with evidence of functional improvement. As such the medical records support chiropractic care.