

Case Number:	CM13-0029393		
Date Assigned:	11/27/2013	Date of Injury:	01/25/2013
Decision Date:	04/15/2015	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 (IW) is a 56 year old male who sustained an industrial injury on 01/25/2013. He has reported left shoulder and left arm pain. Diagnoses include left shoulder strain and a rotator cuff tear per MRI. A MRI of 08/16/2013 showed multilevel degenerative joint disorder. Treatment to date includes medications, physical therapy, and chiropractic. Progress note from the treating provider dated 08/07/2013 indicates the IW is having chiropractic care for cervical strain and a left rotator cuff tear. His pain rating is 7/10. Medications include tramadol, Flexeril, and Chiropractic care 2x week x 3 weeks with range of motion exercises. On 09/04/2013 the IW still rated his pain value at 7/10 with pain in the left shoulder and between the shoulder blades. The plan of care included requesting an additional 6 visits of Chiropractic care. On 09/13/2013 Utilization Review non-certified a request for SIX (6) CHIROPRACTIC TREATMENT / MANIPULATION VISITS FOR CERVICAL SPINE. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) CHIROPRACTIC TREATMENT / MANIPULATION VISITS FOR CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS 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 in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months, page 58-59 Page(s): 58-59.

Decision rationale: The claimant presented with chronic neck and left shoulder pain. Reviewed of the available medical records showed the claimant has had 12 chiropractic treatments visits with ROM exercises, progress report dated 09/04/2013 revealed cervical flexion and extension increased from 35 degrees to 50 degrees, and patient modified work duty increased lifting and pushing/pulling limits from 20 lbs to 30 lbs since starting chiropractic treatments. Based on the guidelines cited, there are objective functional improvement and the request for additional 6 chiropractic treatments is within the guidelines recommendation. Therefore, six additional chiropractic treatments is medically necessary and appropriate.