

Case Number:	CM14-0192848		
Date Assigned:	11/26/2014	Date of Injury:	01/30/1984
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture 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 57 year old male sustained an injury on January 30, 1984. The medical record from [REDACTED] report CT as the mechanism of injury. The diagnoses and results of the injury included cervical and lumbar disc disease, shoulder impingement, left rotator cuff tear, and injury of ligaments of right thumb. There was no recent office visit documentation, including injured worker complaints and physical exam in the provided medical record. The Utilization Review noted the injured worker's recent signs and symptoms and physical exam findings from September 30, 2014. The injured worker's signs and symptoms included left shoulder pain with weakness, improved right shoulder, and pain of the neck and back. The primary treating physician's physical exam had revealed decreased range of motion (ROM) and motor strength of the left shoulder, and tenderness of the cervical and lumbar spines. On November 20, 2014, the primary treating physician noted on February 18, 2014 the physical exam revealed decreased range of motion (ROM) and strength in the right shoulder. A MRI of the right shoulder revealed a partial rotator cuff tear with impingement. A MRI of the lumbar spine revealed bulging discs at L1-S1 (lumbar one-sacral one); a MRI of the cervical spine revealed no disc herniation, and a left shoulder MRI revealed a full rotator cuff tear. The medical records refer to a prior course of chiropractic therapy that the primary treating physician indicates was beneficial to the injured worker's orthopedic health and functional gain, but do not provide specific dates of service or results. The primary treating physician noted the injured worker wanted to continue conservative treatment. Therefore, additional chiropractic visits were recommended because of the prior chiropractic therapy having been helpful. The Utilization Review noted that the injured worker was previously treated with at least 36 chiropractic visits for the cervical spine, lumbar spine, right shoulder, and left shoulder, which exceeded the guideline recommendations. On October 23, 2014 Utilization Review non-certified a prescription for 12 visits of chiropractic therapy. The

chiropractic therapy was non-certified based on the injured worker had already received 36 chiropractic visits for the cervical spine, lumbar spine, right shoulder, and left shoulder, and the lack of evidence to exceed the recommendation of the evidence-based guideline. The California Chronic Pain Medical Treatment guidelines for manual therapy & manipulation, Official Disability Guidelines (ODG) Chiropractic and ODG Neck and Upper Back (Acute & Chronic) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions to the cervical/lumbar spine and bilateral shoulder, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58/59.

Decision rationale: The patient is reported to be a 57 year old male who sustained an injury on January 30, 1984. The medical records reflect submission of Chiropractic care 12 sessions from 9/30/14 for management of cervical, thoracic and lumbar spine and bilateral shoulder conditions. Records reflect the application of 36 Chiropractic visits from 2/28/14 to manage cervical, thoracic, lumbar and right shoulder complaints preceding the 9/30/14 request for an additional 12 sessions. CAMTUS Chronic Treatment Guidelines support additional care when clinical evidence of functional improvement is provided. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. None was provided. There is no clinical evidence provided by the provider to support exceeding the referenced guidelines for Chiropractic care. The UR determination denies further Chiropractic care was reasonable and supported by referenced CAMTUS Chronic Treatment Guidelines.