

Case Number:	CM14-0199378		
Date Assigned:	12/09/2014	Date of Injury:	11/16/2010
Decision Date:	02/04/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Chiropractor (DC) 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:

The claimant is a 66-year-old female who was involved in a work injury on 11/16/2010 in which she injured her neck and bilateral shoulders. Treatment included physical therapy, cortisone injections to the right shoulder and cervical epidural injections. On 10/1/2013 the claimant underwent a follow-up qualified medical evaluation with Dr. [REDACTED], orthopedic surgeon. At the time of this follow-up QME it was noted that with respect to her cervical spine the claimant "has had physical therapy. She had acupuncture in the past. She is not really a candidate for further chiropractic treatment, particularly manipulative." The report indicated that following an MRI of her neck, Dr. [REDACTED] "recommended she discontinue chiropractic adjustments with Dr. [REDACTED]." Following a failure conservative treatment to bring about a resolution of her condition the claimant underwent right shoulder arthroscopy on 2/5/2014. This was followed by course of postoperative therapy. Through 9/11/2014 the claimant had received 32 postoperative treatments. The claimant followed up with Dr. [REDACTED], M.D., on 9/19/2014 resulted in a recommendation for continued physical therapy, 2nd opinion orthopedic consultation for the shoulder, and prolotherapy for the cervical spine. On 10/17/2014 Dr. [REDACTED] evaluated the claimant for complaints of continued neck and shoulder pain. The claimant was diagnosed with cervical disc herniation and status post right rotator cuff repair. The recommendation was for 12 sessions of chiropractic treatment for the cervical spine. This request was denied by peer review on 10/28/2014. The purpose of this review is to determine the medical necessity for the 12 chiropractic treatments for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services 2 times a week for 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. On page 3 of the 10/1/2013 QME, it was noted that "on a date not recalled, an MRI scan of her neck was performed. She does not recall what the scan revealed, however it is recommended she discontinue chiropractic adjustments." Provider further opined on page 13 that "she is not really a candidate for further chiropractic treatment, particularly manipulative." This documentation suggests that the claimant has undergone a course of chiropractic treatment prior to this request but that there was no evidence of documented functional improvement as a result of the previous chiropractic treatment. In fact, it was reportedly suggested that the claimant discontinue chiropractic treatment. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." Therefore, given the absence of documented functional improvement as a result of the initial course of chiropractic treatment, the medical necessity for the requested 12 additional treatments is not established.