MAXIMUS Federal Services

| Case Number: | CM14-0098061 | | |
|---|---|---|---|
| Date Assigned: | 09/23/2014 | Date of Injury: | 03/03/2010 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 06/25/2014 |

## 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 Physical medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old female with an injury date of 03/03/10. All treatment reports provided are hand written and partially illegible. The 06/04/14 report states that the patient presents with cervical spine pain rated 3/10 with medications and 7/10 without. Examination of the cervical spine reveals tenderness and spasm "illegible" trapezius. The patient's diagnoses include status post right shoulder revision arthroscopy 01/30/13, status post right shoulder arthroscopy 03/04/10, "C-trop" strain/sprain radiating to the right upper extremity and right wrist Carpal Tunnel Syndrome. Medications are listed as Zanaflex and topical creams. The utilization review being challenged is dated 06/24/14. Three progress reports were provided from 03/17/14 to 06/04/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiro 1x6:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Manual therapy & Manipulation therapeutic care.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with cervical spine pain rated 3-7/10. The RFA shows that treatment is for the cervical spine. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care - A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. The 04/24/14 report states, "Complete remaining Chiro (3) then progress to HEP." On 06/04/14 the physician notes additional "Chiro/Rehab" is requested and states, "Good benefit @ (6) sessions Chiro/Rehab, Able to decrease muscle relaxer, increase full day work." No chiropractic treatment reports are provided. In this case, the physician does not explain why additional sessions are needed or why the patient is not able to transition to a Home Exercise Program as noted on 04/24/14. The treatment plan states the patient is to continue home exercise. The physician does mention improved work function and reduced reliance on medication. MTUS allows for a total of up to 18 visits following a trial. Recommendation is for authorization.