

Case Number:	CM15-0002162		
Date Assigned:	01/13/2015	Date of Injury:	07/03/2012
Decision Date:	04/21/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 is a 58 year old male, who sustained an industrial injury on 7/3/2012. He has reported pain in the shoulder and neck. The diagnoses have included partial rotator cuff tear right shoulder, bilateral carpal tunnel syndrome. He is status post right shoulder arthroscopy for decompression and partial rotator cuff tear on 7/25, 2014. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy and documented adverse reaction to a Kenalog injection. Currently, the IW complains of right shoulder rated 8/10 VAS associated with radiation to the neck and head. Physical examination from 12/9/14 documented full Range of Motion (ROM) except internal rotation. The plan of care included physical therapy for the shoulder and chiropractic therapy for the cervical spine. On 12/26/2014 Utilization Review non-certified twelve (12) chiropractic therapy sessions (twice a week for six weeks), noting the documentation did not support medical necessity. The MTUS and ODG Guidelines were cited. On 1/6/2015, the injured worker submitted an application for IMR for review of twelve (12) chiropractic therapy sessions (twice a week for six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 58-60.

Decision rationale: The CA MTUS states that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. The request for 2 x 6 sessions of chiropractic care for cervical spine exceeds the initial guideline limits of 6 visits over two weeks. Visits beyond this would require documentation of functional improvement after the initial treatment period. Chiropractic 2 x 6 cervical spine is not medically indicated.