MAXIMUS Federal Services

Case Number:	CM15-0147077		
Date Assigned:	08/10/2015	Date of Injury:	06/09/2014
Decision Date:	09/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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 is a 61 year old female with an industrial injury dated 06-09-2014. The injured worker's diagnoses include cervical musculoligamentous sprain and strain, right shoulder sprain and strain, right shoulder impingement syndrome, right shoulder rotator cuff tear, and right shoulder tendinitis and bursitis. Treatment consisted of diagnostic studies, prescribed medications, 7 sessions of chiropractic treatment and periodic follow up visits. In a progress note dated 06-04-2015, the injured worker reported neck pain and right shoulder pain. The injured worker rated neck pain a 7-8 out of 10 and right shoulder pain a 9 out of 10. Objective findings revealed tenderness to palpitation of the cervical paraspinal muscles with restricted range of motion and positive cervical compression test. Right shoulder exam revealed tenderness to palpitation, restricted range of motion and positive impingement and supraspinatus tests. The treatment plan consisted of chiropractic therapy, shockwave therapy and medication management. The treating physician prescribed services for 12 sessions of chiropractic treatment, right shoulder, 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Right Shoulder, 3 times wkly for 4 wks, 12 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, 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." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was established. The request was for 12 retrospective treatments. Upon peer review the reviewer indicated that the claimant noted that "the patient is documented to be improving per their report with chiropractic treatments to date (7 visits), and they specifically noted 20% improvement in activities of daily living in the 4/30/2015 note. Therefore, the initial 7 visits completed do appear retroactively reasonable and medically necessary to the right shoulder. Therefore, the remainders of the sessions are modified to allow one time per week for 5 weeks." This clearly indicates that the previous reviewer authorized all 12 treatments. The claimant received 7 treatments with overall improvement supporting the medical necessity for the 7 retrospective and 5 additional treatments. A review of the submitted documentation indicates overall improvement as a result of the 12 treatments rendered this claimant. Therefore, I recommend certification of the requested 12 treatments.