MAXIMUS Federal Services

Case Number:	CM15-0199131		
Date Assigned:	10/14/2015	Date of Injury:	04/16/2013
Decision Date:	12/04/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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:

This is a 53 year old male who sustained a work-related injury on 4-15-13. Medical record documentation on 8-20-15 revealed the injured worker was being treated for left shoulder pain, adhesive capsulitis, frozen shoulder, thoracic strain, T5-T6 costovertebral strain and myofascial sprain and strain of the cervical spine. He reported pain in the shoulder, thoracic spine and chest. He rated his pain a 4 on a 10-point scale. His pain rating without medications was 6-8 on a 10- point scale and with medications was 4-5 on a 10-point scale. He reported that his pain had increased and was worse at night. The evaluating physician noted that the injured worker could not use anti-inflammatory medications due to previous gastroplasty for weight reduction. His medications included Ultram. Objective findings included tenderness of the cervical spine and cervical paraspinal muscles from C4 to T1 with minimal stiffness and spasm. His cervical spine range of motion was painful in all directions and was within normal limits. Spurling's and Adson's tests were negative. He had tenderness to palpation over the left shoulder anteriorly and posteriorly and his left shoulder range of motion was painful but within normal limits. On 9-10- 15, the evaluating physician noted that the injured worker had previous physical therapy which was not helpful. He recommended chiropractic therapy for the left shoulder and neck for adjustment and therapy. The evaluating physician noted that an MRI of the shoulder revealed tendinopathy of the infraspinatus tendon with partial thickness, insertion, tearing posteriorly and tendinopathy of the supraspinatus tendon without tearing, and acromioclavicular joint arthropathy. A request for chiropractic therapy treatment to the left shoulder and cervical spine for six (6) sessions was received on 9-22-15. On 9-29-15, the Utilization Review physician modified chiropractic therapy treatment to the left shoulder and cervical spine for six (6) sessions to four (4) visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy treatment to the left shoulder and cervical spine for 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 6 chiropractic treatments was established. The claimant underwent a course of chiropractic treatment in the past with overall improvement. The claimant then noted a deterioration of his chronic complaints. The claimant attempted a course of physical therapy that failed to resolve his complaints. The previous peer reviewer modified the request for 6 treatments down to 4 treatments. There was no rationale for the modification. Given the presenting complaints on the most recent examination, a course of 6 chiropractic treatments can be considered appropriate. 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." The recommended 6 treatments are consistent with this guideline. The requested treatment is medically necessary.