

Case Number:	CM14-0148006		
Date Assigned:	09/18/2014	Date of Injury:	12/30/2013
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 licensed in Chiropractic 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 37-year-old male born on 01/12/1977. On 12/30/2013, while working as a general laborer, he was on top of a 12 foot high lamp cleaning it when he lost his balance and fell to the ground, landing on his back and striking is right upper extremity and lower extremities. On 01/29/2014, the patient underwent an initial orthopedic evaluation and reported complaints to include cervical, thoracic and lumbar spine pain; and right knee and right shoulder pain. Cervical spine physical examination findings revealed tenderness to palpation, ROM (range of motion) of: flexion within 40, 30 right lateral bending, 40 left lateral bending, 50 bilateral rotation and 40 extension; and negative Spurling, Adson and Wright maneuvers. Thoracic spine physical examination revealed tenderness to palpation and mild limitation of motion. Right shoulder physical examination revealed tenderness to palpation over the anterior rotator cuff, there was mild AC joint and bicipital tenderness, positive impingement sign, no shoulder instability, no paresthesias with shoulder motion, grade IV/V rotator cuff/deltoid/biceps strength, and ROM of: flexion 165, abduction 150, extension 40, external rotation 40, internal rotation 30 and adduction 40. There was patchy decreased sensation of the right upper extremity most notably at C6 distribution. Lumbar spine physical examination revealed tenderness to palpation; ROM of: flexion to within 25, bilateral lateral bending 15, right rotation 20, left rotation 10 and extension 10; SLR (straight leg raise) and femoris stretch sign did not demonstrate any nerve irritability. Right knee physical examination revealed no soft tissue swelling, instability or effusion; there was tenderness to palpation over the lateral joint line, there was lateral pain with McMurray Maneuver, there was mild patellofemoral irritability with satisfactory patella excursion and tracking, there was satisfactory quadriceps/hamstring strength, and ROM of: 0-125. There was no sensory deficit, motor weakness or reflex asymmetry in either lower extremity. Regarding this review, diagnoses included cervical, thoracic and lumbar spine strains; right cervical

radiculopathy, internal derangement of the right knee, and right rotator cuff tendinitis and impingement syndrome. The medical provider recommended and requested authorization for the patient to begin physiotherapy at a frequency of 2 times per week for 6 weeks. In orthopedic follow-up on 03/12/2014, 04/16/2014, 05/27/2014, 06/11/2014, 06/25/2014, 07/16/2014 and 08/13/2014, the patient's objectives remained without significant change and diagnoses were unchanged. In orthopedic follow-up on 05/27/2014 and 06/11/2014, the provider requested authorization for a 6-visit trial of chiropractic care and on 06/25/2014 recommended the patient continue with 12 additional chiropractic treatment sessions. On 07/16/2014 and 08/13/2014, the orthopedist recommended the patient complete his scheduled chiropractic visits. The 08/13/2014 Request for Authorization recommended continued chiropractic care at a frequency of 2 times per week for 6 weeks to the lumbar spine, cervical spine, right shoulder and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Chiro 2x6 to the L/S, C/S, right shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 08/04/2014; Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 08/27/2014.

Decision rationale: MTUS (Chronic Pain Medical Treatment Guidelines) does not support the request for chiropractic treatment of knee complaints. MTUS reports manual therapy and manipulation are not recommended in the treatment of knee complaints. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of cervical or shoulder conditions; therefore, MTUS guidelines are not applicable in this case regarding the request for chiropractic care of cervical and shoulder complaints. Because MTUS is not applicable regarding cervical and shoulder complaints, ODG is also a reference source for this review. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited

evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. Although no chiropractic documentation was provided for this review, submitted medical documentation reports from 01/29/2014 through 08/13/2014 the patient's objectives remained without significant improvement and the diagnoses were unchanged. On 05/27/2014 and 06/11/2014 the medical provider requested authorization for a 6-visit trial of chiropractic care and on 06/25/2014 recommended the patient continue with 12 additional chiropractic treatment sessions. On 07/16/ 2014 and 08/13/2014, the orthopedist recommended the patient complete his scheduled chiropractic visits. The 08/13/2014 Request for Authorization noted the recommendation for continued chiropractic care at a frequency of 2 times per week for 6 weeks to the lumbar spine, cervical spine, right shoulder and right knee. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered during the treatment trial or beyond, does not provide evidence of acute exacerbation, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 additional chiropractic treatment sessions to the cervical and lumbar spinal regions, right shoulder and right knee at a frequency of 2 times per week for 6 weeks exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.