

Case Number:	CM15-0175723		
Date Assigned:	09/17/2015	Date of Injury:	06/25/2002
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Chiropractic

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 49 year old male, who sustained an industrial injury on June 25, 2002. The injured worker was diagnosed as having cervical, right shoulder, thoracic, and low back, and lumbosacral pain. Medical records (August 14, 2015) indicate the injured worker reported a flare-up of his chronic low back pain on July 10, 2015 due to physical therapy. His low back pain radiates down the bilateral legs, left greater than right. He also has right groin pain. His pain is constant and is rated 4 out of 10. Records also indicate the pain hinders his sleep and daily activities. The injured worker reported constant, ongoing pain of the midback and pain of the neck with radiating bilaterally down the shoulder, worse on the right and down the right arm to the hand and fingers. There is ongoing pain of the right shoulder radiating down the right shoulder and right knee pain radiating down the right. The pain is rated: midback equals 9-10 out of 10, neck and right shoulder equals 8 out of 10, and right knee equals 4 out of 10. The physical exam (August 14, 2015) reveals mild-moderate decreased lumbar range of motion with pain, moderate decreased right knee range of motion with pain, and moderate-severe decreased cervical, thoracic, and right shoulder range of motion with pain. There are moderate-severe taut and tender fibers of the bilateral cervical and thoracic regions, mild-moderate taut and tender fibers of the lumbar region, and pain to palpation of the right shoulder and right knee. Diagnostic studies to date have included MRIs and x-rays. Surgeries to date have included a cervical 5-6 anterior cervical fusion in 2012, right shoulder arthroscopic acromioplasty, distal clavicle excision, rotator cuff, and superior labral tear from anterior to posterior debridement in 2012, and right open rotator cuff repair on April 9, 2015. Treatment has included at least 9 sessions of

postoperative physical therapy for the right shoulder, at least 10 sessions of chiropractic therapy, a home exercise program, transcutaneous electrical nerve stimulation (TENS), right shoulder steroid injections, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. The injured worker is temporarily totally disabled. The requested treatments included 6 additional sessions of chiropractic treatment to include manipulative therapy with muscle stimulation and IR (infrared light) therapy to the cervical, thoracic and lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 6 sessions, to include manipulative therapy with muscle stimulation and IR (infrared light) therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Infrared therapy (IR).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, and Postsurgical Treatment 2009, Section(s): Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back/Manipulation.

Decision rationale: The patient has received chiropractic care for his cervical spine, lumbar spine and right shoulder injuries in the past. The total number of chiropractic sessions for this 2002-dated injury are unknown and not specified in the records provided for review. The treatment being requested is for all body regions injured. For the right shoulder, the patient is status post right shoulder rotator cuff repair (April 2015). The ODG Neck & Upper Back and Low Back Chapters recommend additional chiropractic care sessions with evidence of objective functional improvement. The MTUS Post-Surgical Treatment Guidelines recommends post-surgical physical medicine therapy for the right shoulder, rotator cuff repair 24 visits over 14 weeks. The treatment period is 6 months. The patient has received 10 sessions of post-surgical physical therapy and 5 sessions of chiropractic care with 9 sessions still not used. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The past chiropractic treatment notes show objective functional improvement with the past care rendered. I find that the 6 additional chiropractic sessions requested to the cervical spine, lumbar spine and right shoulder to be medically necessary and appropriate.