

Case Number:	CM15-0067788		
Date Assigned:	04/15/2015	Date of Injury:	03/18/2013
Decision Date:	06/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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:

The injured worker is a 36 year old male, who sustained an industrial injury on 3/18/13. He reported shoulder pain and back pain. The injured worker was diagnosed as having left shoulder joint pain, lower back pain, lumbosacral or thoracic neuritis or radiculitis, and myofascial pain. Treatment to date has included left arthroscopic subacromial decompression on 10/21/14, TENS, medications, and a home exercise program. Currently, the injured worker complains of shoulder pain and low back pain. The treating physician requested authorization for chiropractic/ physiotherapy 1x6 for the lumbar spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC/PHYSIOTHERAPY 1XWK X 6WKS LUMBAR, LEFT SHOULDER:

Upheld

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 Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months., page 58-59 and on the Non-MTUS 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 demonstrated Page(s): 58-59. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) 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 demonstrated.

Decision rationale: The claimant presented with chronic pain in the neck and left shoulder. There is no records of previous chiropractic treatments. While MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, the guidelines do not address chiropractic treatment for the shoulder. In this case, post-operative therapy for the left shoulder is pending, and the request for 6 chiropractic/physiotherapy treatment also exceeded the ODG recommendation for shoulder treatment. Therefore, without objective functional improvement demonstrated in 2-3 visits, the request for 6 visits is not medically necessary.