

Case Number:	CM14-0147476		
Date Assigned:	09/15/2014	Date of Injury:	07/08/2001
Decision Date:	10/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 55-year-old male. He has a reported date of injury on 07/08/2001, but no documentation of mechanism of injury was provided for this review. On 07/11/2013, the patient presented for orthopedic reevaluation of his right shoulder. Physical exam findings of the right shoulder showed well-healed arthroscopic portals, forward flexion and abduction of 155 and internal rotation to the SI joint. The assessment was reported as: industrial injury to the right shoulder and spine on 07/08/2001; status post right shoulder arthroscopy on 08/31/2012; lumbar spine degenerative disc disease and cervical degenerative disc disease; MRI of the thoracic spine noted to be normal; and MRI of the right shoulder on 06/13/2013 revealed rotator cuff tendinitis. The medical provider recommended continuing treatment with ice, anti-inflammatories, self-directed stretching and strengthening exercises and follow-up over the next 6 weeks. The patient was on restricted work duties effective 07/11/2013. Although no chiropractic documentation was provided for this review, submitted information indicates the patient was certified for 8 chiropractic visits on 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional chiropractic treatments 2 times per week for 4 weeks for the cervical spine, lumbar spine, and right shoulder: Upheld

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

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, and Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 07/29/2014.

Decision rationale: The request for 8 additional chiropractic treatment sessions to the cervical and lumbar spinal regions and right shoulder at a frequency of 2 times per week for 4 weeks is not supported to be medically necessary. MTUS 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 the patient has returned to work, then 1-2 visits every 4-6 months. The Chronic Pain Medical Treatment Guidelines report 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 does not specifically address cervical and shoulder complaints, ODG is also the reference source for this review. 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. 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 information indicates the patient was certified for 8 chiropractic visits on 05/27/2014. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for additional chiropractic treatment sessions to the cervical and lumbar spinal regions and right shoulder at a frequency of 2 times per week for 4 weeks exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.