

Case Number:	CM14-0139190		
Date Assigned:	09/05/2014	Date of Injury:	08/20/2001
Decision Date:	11/30/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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: North Carolina
 Certification(s)/Specialty: Family Practice

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 an 80 year old female who sustained an industrial injury on 8-20-2001. A review of the medical records indicates that the injured worker is undergoing treatment for adhesive capsulitis of both shoulders, lumbar stenosis, lumbar discopathy and facet syndrome and status post rupture of right supraspinatus tendon. According to the progress report dated 5-14-2013, the injured worker complained of shoulder pain rated 5 out of 10. She was using glucosamine and undergoing chiropractic care. It was noted that she was paying out of pocket for CMT due to substantial benefit with treatment. Per the treating physician (5-14-2013), the disability status was permanent and stationary. Objective findings (5-14-2013) revealed pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilaterally. The injured worker had difficulty with any range of motion exacerbated by a straight leg raise. She had difficulty with range of motion of her right arm at the shoulder. Treatment has included right shoulder arthroscopy and medications. The request for authorization was dated 6-6-2013. The original Utilization Review (UR) (8-20-2014) modified a request for chiropractic and CMT (1x12) for the lower back and right shoulder to a trial of 6 chiropractic treatments (2x3) for the lumbar spine only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic and CMT 1x12 for Lower Back and Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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 reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: A. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for 12 sessions. This does not meet criteria guidelines without documentation of objective gains in function and pain and thus is not medically necessary.