
Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/31/2013
Date of Injury: 9/28/2012
IMR Application Received: 8/21/2013
MAXIMUS Case Number: CM13-0014506

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

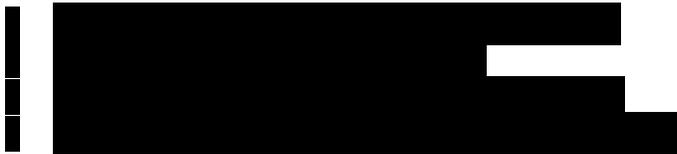
cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma, and Texas. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:



CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old male who reported an injury on 09/28/2012. Current diagnoses include head pain, cervical musculoligamentous strain with radiculitis, thoracic musculoligamentous strain, rule out thoracic spine disc protrusion, lumbosacral musculoligamentous sprain with radiculitis, lumbar disc protrusion, lumbar spine grade 1 retrolisthesis, bilateral shoulder sprain, bilateral elbow sprain, bilateral wrist sprain, bilateral wrist chronic overuse syndrome, right wrist triangular fibrocartilage complex tear, left knee sprain, left knee meniscal tear, bilateral foot plantar fasciitis, sleep disturbance, and vision loss. The patient was most recently seen by Dr. [REDACTED] on 07/17/2013 with complaints of 7-9/10 pain. Objective findings included tenderness to palpation of the cervical, thoracic, and lumbar spine with restricted range of motion, tenderness to palpation of bilateral shoulders, bilateral elbows, and bilateral wrists with restricted range of motion of the shoulders, tenderness to palpation of the left knee and bilateral feet, and no changes to neurocirculatory examination. He is pending authorization for left knee surgery and is status post right wrist injection. Treatment plan included authorization for acupuncture and a prescription for Medrox patches and tramadol 50 mg.

IMR DECISION(S) AND RATIONALE(S)

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

1. 12 sessions of chiropractic manipulation is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy & manipulation, pg. 58, which is part of the MTUS.

The Physician Reviewer's decision rationale:

California MTUS Guidelines state manipulation and manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the low back is recommended as a trial of 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is allowed. Elective and maintenance care is not medically necessary. Treatment for recurrence and flare ups includes 1 to 2 visits every 4 to 6 months following re-evaluation. As per the clinical notes submitted, the patient has completed 15 sessions of chiropractic treatment between 12/27/2012 and 01/30/2013. Guidelines recommend a total of 18 visits when there is objective functional improvement. Without evidence of functional improvement or substantive pain relief, the request for 12 sessions of chiropractic manipulation cannot be determined as medically appropriate. **The request for 12 sessions of chiropractic manipulation is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.