

Case Number:	CM13-0002734		
Date Assigned:	12/11/2013	Date of Injury:	09/17/2011
Decision Date:	01/15/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/23/2013

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:

According to the available medical records, this is a 53 year old male patient with chronic left shoulder pain, neck pain and low back pain, date of injury 10/2008 to 08/2011. Previous treatments include medications, therapy, chiropractic, acupuncture, injection, and surgery for his left shoulder and left wrist. The available medical records also indicated that this patient had received some chiropractic treatments from 01/2013 to 03/2013; however, there is no records available for review, which body part was treated and what results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: After reviewing the available medical records, the request for 12 chiropractic physiotherapy exceeded the number of visits recommended by CA MTUS guideline. Additionally, the requesting doctor did not specify whether physiotherapy is active or passive and intended goals for treatments. Furthermore, it appears that this patient had received a

number of chiropractic visits from 01/2013 to 03/2013 with no available medical records documents objective functional improvement. The request for 12 sessions of chiropractic treatment is not medically necessary and appropriate.