

Case Number:	CM13-0030359		
Date Assigned:	11/27/2013	Date of Injury:	11/11/2011
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 68 year old female patient with chronic neck, shoulders and knee pain, date of injury 11/11/2011. Previous treatments include medications, physical therapy and chiropractic. Progress report dated 05/03/2013 by [REDACTED] revealed constant, moderate to severe neck pain, constant, moderate and stabbing shoulder pain, frequent moderate dull headaches, constant moderate and sharp knee pain; exam noted mild to moderate restricted active range of motion of the cervical spine, bilateral shoulders and knees, mild edema on both knees, positive ligamentous findings on both knees. The patient is currently able to perform full duties with no limitations or restrictions at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Review of medical records indicated that this is an exacerbation of the patient's symptoms. CA MTUS recommended chiropractic manipulation for recurrences/flares-up with a need to re-evaluate treatment success. If return to work achieved then 1-2 visits are indicated every 4-6 months. The current request for chiropractic treatment is therefore, not medically necessary.