

<b>Case Number:</b>	CM13-0035088		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/25/2003
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 expert reviewer is licensed in Chiropractics and Acupuncture 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:

Claimant is a 67 year old female who was involved in a work related injury on 9/20/2013. The claimant has back pain and right knee pain. Her diagnoses are cervical disc degeneration, rotator cuff sprain/strain and lumbar spondylolisthesis. She has trace effusion on the right medial knee. Prior treatment includes oral medications, acupuncture, physical therapy, massage therapy, and chiropractic. According to the submitted documentation, she has had three of four treatments of chiropractic recently authorized. Her physician states that she has made good progress, but has not documented any objective functional improvement. The claimant also submitted a self-appeal letter on 1/8/2014. She states that prior future medical determinations had authorized chiropractic treatments under certain conditions. She also states that she is involved in a home exercise program and pays for her own physical trainer, acupuncture, massage, and gym membership. She also states that both worker's compensation and Medicare are denying her chiropractic. According to the prior review, the claimant has recently completed 12 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 chiropractic therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. However the provider failed to document functional improvement associated with the claimant's chiropractic visits. Although the claimant's letter of appeal mentioned future medical care, independent medical review does not take in account future medical care determinations. Independent medical review is based on recommended guidelines. The claimant has had 12 chiropractic visits in 2013 and without documentation of functional improvement, 4 additional visits of chiropractic are not recommended.