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| Case Number: | CM13-0035829 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 01/08/2012 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 physician reviewer is Board Certified in Chiropractor and is licensed to practice in 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. 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:

The patient is a 60-year-old female who reported an injury on 01/08/2012. The injury was noted to have occurred when the patient placed her foot on top of a pallet to set a box down and the pallet moved which caused her to slip and her legs spread apart. She was then noted to fall and land on her knee. Her diagnoses include cervical spine pain, cervical spine radiculopathy, right shoulder internal derangement, right elbow pain, right wrist tenosynovitis, low back pain, lumbar spine radiculopathy, and right hip internal derangement. The patient's symptoms are noted to include pain in her neck, right shoulder, right elbow, right wrist, low back, and right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Chiropractic Physiotherapy sessions for the Neck, Right Shoulder, Low Back, and Right Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Meck and Upper BVack Chapter, Shoulder Chapter, Elbow Chapter and Hip Chapter. The Official Disability Guidelines, Chiropractic Guidelines

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

Decision rationale: According to California MTUS Guidelines, manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is to achieve positive symptomatic and objective measurable gains in function. Guidelines also indicate that there should be documentation of improvement within the first few weeks of treatment or 3 to 6 visits of chiropractic care. The patient has been shown in the clinical documentation to have chronic pain related to a musculoskeletal condition. However, the request for 18 chiropractic sessions exceeds guideline recommendations of an initial 3 to 6 visits. As such, the request is non-certified.