

Case Number:	CM13-0039350		
Date Assigned:	04/25/2014	Date of Injury:	01/10/2013
Decision Date:	07/04/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/01/2013

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 Board Certified 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:

The patient is a 27 year old female who was injured on 01/10/2013. She was struck by an older man driving a car who was blinded by the sun as he drove through the crosswalk. He struck the patient and her coworker. She landed on the windshield and forcefully struck the left side of her body on the windshield. Prior treatment history has included the patient completing two of six acupuncture sessions with some improvement along with home exercises and stretching. Her medications include Prilosec 20 mg and NSAID's which were discontinued. PR-2 dated 09/04/2013 documents the patient with complaints of continued mid back pain that increases when sleeping and sitting for prolonged periods of time. She complains of her left elbow pinching occasionally to her left hand. She complains of her left knee locking once a month. She has completed six out of six acupuncture treatments with 30% improvement. Objective findings on examination of left elbow reveal tenderness to palpation of brachioradialis, flexor compartment and medial epicondyle. Range of motion of the left elbow bent is flexion 140 degrees, extension 0 degrees. Exam of the lumbar spine reveals a negative straight leg raise. AROM: flexion 50 degrees, extension, right bending and left bending 20 degrees. Diagnoses: 1.Cervical spine strain/sprain, improved. 2.Thoracolumbar strain/sprain. 3.Left elbow medial epicondylitis. Treatment Plan: Request authorization for chiropractic sessions 2 x week for 3 weeks to decrease pain and increase range of motion. UR report dated 10/10/2013 did not certify the request for chiropractic therapy for 2 times a week for 3 weeks. In this case, the claimant is already 8 months status post injury with continued symptoms and deficits despite previous chiropractic and acupuncture treatments. However, there is very limited documented evidence of objective and functional improvements from the previous chiropractic visits. There is also no mention of recent flare-up of symptoms associated with a decline in function which did not respond to an established home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 TIMES PER WEEK FOR 3 WEEKS FOR THE MID- BACK,LOW-BACK AND LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY/MANIPULATION.

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

Decision rationale: According to the California MTUS guidelines, an initial trial of 6 visits over 2 weeks for chiropractic care is recommended with evidence of objective functional improvement for total of 18 visits over 6-8 weeks. For Lower back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. This employee is 8 months post injury. She was previously treated with chiropractic care, but there is no documentation provided regarding objective functional improvement. Therefore, the request for chiropractic care 2x3weeks for thoracic spine, lumbar spine and left elbow is not medically necessary.