

Case Number:	CM13-0043907		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2011
Decision Date:	02/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation 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 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 47-year-old male who reported a work related injury on 05/10/2011, as the result of a fall. The patient is subsequently status post a surgical repair of a left radial wrist fracture. The clinical notes dated 10/21/2013 report the patient was seen under the care of [REDACTED], a chiropractor. The provider documents the patient presents for treatment of the following diagnoses, lumbosacral sprain/strain, left shoulder sprain/strain, postsurgical left wrist, myalgia, myositis, subluxation of the sacrum, lumbar subluxation, and thoracic subluxation. The provider documented upon physical exam of the patient, painful left shoulder and dorsal lumbar range of motion, positive orthopedic findings, reflexes and sensory exam were intact. Motor weakness was noted to the left shoulder at 4+/5. Grip strength to the right was 40/42/40 to the left 16/14/16. The provider documented range of motion of the lumbar spine was noted as followed, flexion 54 degrees, extension 25 degrees, bilateral lateral flexion 25 degrees, straight leg raise testing was positive at 85 degrees to the right and 70 degrees to the left. The provider reported left shoulder range of motion was within normal limits; however, pain was elicited at end ranges. The provider documented the patient presents with a prescription for 12 visits of chiropractic treatment and the patient would be seen in clinic 3 times per week for 2 weeks to reduce his subjective complaints, a re-evaluation would be performed after 6 sessions to assess improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: The current request is supported. The patient presents with multiple pain complaints status post a work related fall with injury sustained on 05/10/2011. The clinical documentation submitted for review evidences the patient has utilized physical therapy, medication regimen, and activity modifications without resolve of his symptomatology. A chiropractic consultation dated 10/21/2013 documented the patient was recommended to undergo a trial of 6 visits of chiropractic treatment. Given that the patient has failed with other lower levels of conservative care, the request for a chiropractic consult is supported. California MTUS indicates the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Given all of the above, the request for chiropractic consult is medically necessary and appropriate.