

<b>Case Number:</b>	CM13-0046489		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & 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 5-year-old male who sustained a work related injury on 9/16/2012. His diagnoses are sprain of ankle, neck, thoracic region, and lumbar region, internal derangement of knee, plantar nerve lesion, and cervical and lumbar disc displacement. The current request is for 16 chiropractic sessions. The claimant had six sessions authorized on 11/1/2013. The claimant had 12 chiropractic sessions prior to that. Other treatment includes oral medication, steroid injections, tornado injections, and physical therapy. Per an agreed medical examination dated 12/9/2013, the claimant has burning in the mid back and low back pain. He also has left knee, left ankle pain. Lifting, bending, weight bearing and loading activities cause increased pain. He is stated to be going to physical therapy twice weekly. Per a Pr-2 dated 12/5/13, the provider states that therapy is helping. However it is unclear whether the therapy is physical therapy or chiropractic manipulative therapy. There is documentation of completion or of functional improvement from the approved chiropractic therapy. There is no specific mention of functional improvements from chiropractic therapy in any submitted PR-2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT (16 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 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. The claimant has had at least 12 chiropractic sessions with six additional approved sessions since 11/1/2013. There is no documentation of completion or of functional improvement with those approved sessions. The provider failed to document any functional improvement associated with his chiropractic visits. The provider does mention therapy, but it is most likely that is referencing the concurrent physical therapy sessions that the claimant is attending. Furthermore, a sixteen session request exceeds the 24 visit maximum for physical therapy. Therefore sixteen additional physical therapy sessions are not medically necessary