

Case Number:	CM13-0051318		
Date Assigned:	12/27/2013	Date of Injury:	01/08/2003
Decision Date:	03/14/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Board Certified in Chiropractic Practice, 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 claimant is a 63-year-old female who was involved in a work injury on 1/8/2003. The injury was described as the claimant was climbing over a guardrail when she fell onto her right knee, resulting in a lateral tibial plateau fracture. The claimant reportedly also developed lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, manipulation.

Decision rationale: The claimant underwent a course of chiropractic treatment from 6/28/2013 through 7/30/2013 with overall improvement. As noted on the 9/3/2013 report from [REDACTED] the claimant noted a significant reduction in "her symptoms, increased her activities of daily living, and reduced her medication usage" as a result of the chiropractic treatment rendered this

claimant from June through July 2013. As a result the claimant was discharged to a home exercise program. The claimant then returned in October 2013 and noted a deterioration of her condition. Given the clinical findings on the examination MTUS guidelines would support 6 treatments. MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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 6-8 weeks." The requested 10 treatments are in excess of this guideline. Therefore, the medical necessity for the requested 10 chiropractic treatments was not established.