

Case Number:	CM13-0051327		
Date Assigned:	12/27/2013	Date of Injury:	10/30/2012
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 licensed in Chiropractic 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 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 injured worker is a 41-year-old female who reported an injury on 10/30/2012 after a fall from a stepladder. The injured worker reportedly sustained an injury to the low back and right arm. The injured worker's treatment history included physical therapy, acupuncture, trial of chiropractic treatment of 6 visits, medications, and activity modifications. The injured worker was evaluated on 10/17/2013. It was documented that the injured worker had tenderness to palpation over the right acromioclavicular and deltoid area, with a positive impingement test. The injured worker had restricted range of motion of the right shoulder described as 80 degrees in flexion, 90 degrees in abduction, 80 degrees in internal rotation, and 70 degrees in external rotation. Evaluation of the lumbar spine documented that the injured worker had range of motion described as 35 degrees in flexion, 10 degrees in extension, and 15 degrees in right and left lateral tilting. The injured worker had decreased sensation over the posterolateral aspect of the right lower extremity and dorsomedial aspect of the right foot, with deep tendon reflexes and motor strength within normal limits. The injured worker's diagnoses included cervical spine strain, right shoulder strain, and lumbar strain. The injured worker's treatment plan included chiropractic treatment 2 x6 of the lumbar spine, a Functional Capacity Evaluation, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 3X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chiropractic Treatment

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends up to 18 chiropractic visits for injured workers with low back injuries, based on a trial of 6 visits that produced objective functional improvement. The clinical documentation submitted for review does indicate that the injured worker has had a trial of chiropractic care. However, there was no evidence of significant objective functional improvement based on the trial. Therefore, the appropriateness of the request as it is submitted cannot be determined. The California Medical Treatment Utilization Schedule also recommends that objective functional improvement be documented every 4 to 6 visits. The requested 12 visits does not allow for timely re-assessment and re-evaluation. As such, the requested chiropractic care is not medically necessary or appropriate.