MAXIMUS Federal Services

Case Number:	CM13-0056116		
Date Assigned:	12/30/2013	Date of Injury:	04/19/2013
Decision Date:	03/21/2014	UR Denial Date:	05/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 59-year-old male how was injured on April 19, 2013. The patient tripped over material lying on the ground and fell, striking his right shoulder, right knee, right ankle, and left elbow and twisting his back. X-rays of the right shoulder, left elbow, right knee, right, ankle, and lumbar spine were obtained. There were no fractures. The patient continued to experience pain in the neck right shoulder, left elbow, and right knee. Diagnoses included lumbar spine strain, right shoulder strain, right knee strain. Treatment included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for chiropractic treatment three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Chiropractic therapy is recommended for acute low back pain without radiculopathy. It is not necessarily better than outcomes from other recommended treatments. If manipulation has not resulted in functional improvement in the first 1-2 weeks, it should be stopped and the patient reevaluated. A trial of six visits over two weeks should be tried, and, with

evidence of functional improvement, a total of 18 visits over 6-8 weeks may be authorized. In this case, the patient had diffuse lumbar pain, as well as pain in the right shoulder, right and left elbows, right wrist. Recommendations are for a trial of six visits over two weeks to evaluate effectiveness of the treatment. The request in this case is for 18 visits, which surpasses the recommended number of visits. As such, the treatments are not authorized.

request for a pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127;,Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The request for a pain management consultation was for chronic pain. Chronic pain is defined as any pain that persists beyond the anticipated time of healing. It is generally six weeks to three months after the onset of symptoms. The patient's duration of pain at the time of the request was from April 19, 2013 to May 22, 2013. This was less than five weeks. The patient's pain does not meet the definition for chronic pain. Therefore, pain management consultation is not medically necessary.

request for x-rays of the affected area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 207, 303, 341,373.

Decision rationale: The patient received x-rays of the lumbar spine, right shoulder, left elbow, right ankle, and right wrist on the day of injury. This was 34 days prior to the date of the request for repeat x-rays. There were no red flags that would indicate the need for further imaging studies; copies of the x-rays already obtained would be adequate. The request for further x-rays is not authorized. Medical necessity has not been established.