

Case Number:	CM13-0059392		
Date Assigned:	04/25/2014	Date of Injury:	10/23/2009
Decision Date:	07/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, and is licensed to practice in California and Illinois. 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 75 year old male who reported an injury on 10/23/2009. The mechanism of injury was reported as being knocked into a wall. The diagnoses included cervical and lumbar pain and radiculopathy, left shoulder internal derangement, and left shoulder AC arthrosis. Per the 10/16/2013 clinical note, the injured worker reported left shoulder pain rated 2/10 and occasional neck pain rated 1/10. He also reported rest, activity modification, and a TENS unit have been helpful in relieving his pain. Sensation and reflexes were noted to be normal. The injured worker demonstrated negative Spurling's and McMurray's tests. Per the 11/22/2013 progress report, the injured worker reported burning, radicular neck pain, left shoulder, and low back pain rated at 4/10. Associated symptoms included numbness and tingling of the bilateral upper extremities. The injured worker reported temporary relief of pain and improved sleep with pain medications. The request for authorization form for chiropractic care for the left knee, cervical, and thoracic spine was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC VISITS FOR THE LEFT KNEE, CERVICAL & THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MANUAL THERAPY & MANIPULATION, 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for twelve (12) chiropractic visits for the left knee, cervical, and thoracic spine is non-certified. The CA MTUS guidelines state manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect 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. The guidelines state a time to produce effect of 4-6 treatments and a maximum treatment duration of 8 weeks. The guidelines do not recommend manual therapy for the knee. There is a lack of documentation regarding functional deficits of the cervical and thoracic spine to determine the necessity of therapy. There is also no indication the injured worker plans to participate in a therapeutic exercise program. In addition, the submitted request exceeds the guideline recommendations of 4-6 initial visits and does not specify the frequency of treatment. As such, the request for twelve (12) chiropractic visits for the left knee, cervical, and thoracic spine is non-certified.