

Case Number:	CM13-0065593		
Date Assigned:	01/03/2014	Date of Injury:	06/12/2013
Decision Date:	03/28/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 Care 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:

According to the available medical records, this is a 58 year old male patient with chronic neck pain, low back pain, bilateral shoulders and left ankle pain, date of injury 11/13/2012. Previous treatments include chiropractic, acupuncture. The progress report dated 11/11/2013 by the treating doctor revealed pain in low back, neck, shoulders, right inguinal region, left leg and left foot, 5/10. The exam revealed decreased cervical ROM, pain with foraminal compression, cervical distraction and shoulder depression, TTP in suboccipitals, cervical paravertebral muscles, scaleneus and levator scapulars; lumbar ROM decreased, low back pain with Laseque's Test, Braggard's test and Kemps' test, Straight leg raise cause back pain at 60 degree, TTP in pelvis rims, lumbar paravertebral muscles and quadratus lumborum; shoulder ROM decreased on both side, TTP in biceps, triceps, rotator cuffs, medial and lateral borders of scapular, spine of scapular, positive Apley's, Apprehension; shoulder abductors 4/5 with pain; right iliopsoas tender; left leg & foot ROM decreased, left tibialis anterior muscle and peroneus brevis TTP, left tibialis anterior and left foot everters are 4/5 with pain; sensory decreased minimally on left lateral foot. The patient remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodic chiropractic evaluation every 30-45 days with chiropractic treatment PRN for L/S, C/S, bilateral shoulders and left lower extremity to include: manipulation/therapeutic exercise/EMS/diathermy/myofascial release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58-59.

Decision rationale: According to the available medical records, this patient has had 21 chiropractic treatments to date and achieved PRN status for his low back, neck, shoulders and left lower extremity injury. Periodic chiropractic evaluation every 30-45 days might be necessary but chiropractic treatment every 30-45 days appear to be maintenance care. Therefore, based on the guidelines cited above, the request for periodic chiropractic evaluation every 30-45 days with chiropractic treatment PRN for L/s, C/s, bilateral shoulders and left lower extremity to include: manipulation/therapeutic exercise/EMS/diathermy/myofascial release is not medically necessary.

Additional acupuncture two times a week for three weeks for the neck, low back, shoulders, left leg to include: with/without E-stim, Tu Na and infrared: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines recommend acupuncture may be extended if functional improvement is documented. Functional improvement in activities of daily livings are well documented with previous 8 acupuncture treatments, therefore, additional acupuncture visits 2x3 is medically necessary.