

Case Number:	CM13-0065658		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2012
Decision Date:	07/25/2014	UR Denial Date:	12/05/2013
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 Chiropractor and Acupuncture 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 57-year-old female who reported an injury on 08/27/2012. The mechanism of injury was noted to be the injured worker fell when disconnecting a hose. The injured worker's prior treatments were noted to be chiropractic care and medications. Her diagnosis was noted to be a lumbosacral sprain. The injured worker had a clinical evaluation on 11/27/2013. She complained of pain in her back that was increased and now radiating up into her neck. The objective findings included no acute neurological changes; no tenderness in the lumbar spine; good motor strength; negative straight leg raise; no bowel or bladder changes; and no signs or symptoms of infection. There were x-rays taken and it was noted in the progress note that there were no acute changes. The treatment plan was for Tylenol, Aleve, Lidocaine patch, and also physical therapy or chiropractic therapy 3 times a week for 6 weeks of the bilateral knees and wrists. The provider's rationale for the request was not provided within the documentation. The request for authorization for medical treatment was dated 09/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC PHYSIOTHERAPY 3 X 6 TO LUMBAR/THORACIC/BILATERAL KNEES AND BILATERAL WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic physiotherapy 3 times 6 to the lumbar/thoracic/bilateral knees and bilateral wrists is non-certified. The most recent progress provided within the documentation does not indicate functional deficits. The evaluation also does not indicate a decrease in motor strength. The prior chiropractic care has not been noted to be providing the injured worker with any efficacy. The California MTUS Chronic Pain Medical Treatment Guidelines indicate manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines indicate that therapy for the low back is stated as a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. For elective or maintenance care, the guidelines do not recommend manual therapy. With reoccurrences and flare-ups, the guidelines recommend evaluation of treatment success, if return to work is achieved, then 1 to 2 visits every 4 to 6 months. The guidelines do not recommend manual therapy and manipulation for wrists and knees. The clinical evaluation does not indicate efficacy of the prior chiropractic treatment. There is no return to work documentation to warrant therapy for flare-up's. In addition, the request for chiropractic physiotherapy 3 times 6 is in excess of the recommended visits. Therefore, the request for chiropractic physiotherapy 3 times 6 to the lumbar/thoracic/bilateral knees and bilateral wrists is not medically necessary.