

Case Number:	CM13-0068568		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2011
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery; and is licensed to practice in Texas, Indiana, Michigan and Nebraska. 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 patient is a 57-year-old male who reported an injury on 04/14/2011. The mechanism of injury was not stated. The patient is diagnosed with closed head injury with memory deficit, right moderate to severe hip arthritis, and left C6-7 disc protrusion with radiculopathy. The patient was seen by [REDACTED] on 11/18/2013. The patient reported 7/10 pain. Physical examination revealed decreased cervical range of motion and tenderness to palpation. Treatment recommendations included a right intra-articular hip injection, as well as 6 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC SESSIONS: Upheld

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

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. As per the documentation submitted, the patient has previously participated in chiropractic therapy. However, there is no documentation

of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.