

Case Number:	CM13-0072061		
Date Assigned:	01/08/2014	Date of Injury:	10/16/1996
Decision Date:	06/05/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in 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 73 year old female with a reported date of injury on 10/16/1996. The mechanism of injury was not noted within the clinical documentation provided. According to clinical note dated 07/17/2013 the injured worker complained of right neck and right shoulder pain. She also stated that the "therapy" seems to provide her with relief for several days at a time. The injured worker had been given specific stretches and exercised to help improve strength and range of motion at home. According to the clinical documentation provided the injured worker attended 6 sessions of chiropractic therapy between 03/2013 and 06/08/2013. The injured worker's diagnosis included cervical segmental dysfunction, cervical brachial neuritis, rotator cuff syndrome/impingement syndrome, and thoracic segmental dysfunction. The injured worker's medication regimen was not provided in the clinical records available for review. The request for authorization form was signed on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO @ 1-2 VISITS PER MONTH WITH NO DURATION LISTED: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines-Physical Therapy.

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

Decision rationale: According to CA MTUS guideline manual manipulation is recommended for chronic pain if caused by musculoskeletal conditions. There should be measured improvement within the first 3-6 visits of chiropractic treatment. If chiropractic treatment is going to be effective there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical notes provided for review lack documentation of objective functional improvements. In addition the injured worker has already attended 6 chiropractic visits. The request for additional chiropractic treatments, without the required documentation of increased functional abilities, exceeds the recommended guidelines. Therefore the request for chiro @ 1-2 visits per month with no duration listed is not medically necessary.