

Case Number:	CM14-0003349		
Date Assigned:	01/31/2014	Date of Injury:	09/27/2013
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/09/2014

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 a Licensed Chiropractor 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:

The injured worker is a 57 year old male who reported an injury on 09/27/2013. The mechanism of injury was not provided. Per the 10/28/2013 clinical note, the injured worker reported radiating neck and low back pain, bilateral shoulder pain, and right foot and great 4th toe pain. Physical exam findings included 1+ reflexes and 5/5 motor strength bilaterally of the upper and lower extremities. No sensory deficits were noted. Range of motion was decreased in the right foot, cervical spine, thoracic spine, and lumbosacral spine. Tenderness to palpation was noted along the spinous processes of C3-7, T8-12, and L3-5. The provider's impression included strain/sprain of the right foot, bilateral shoulders, and cervical, thoracic, and lumbosacral spines. The claimant was recommended for chiropractic treatment. The request for authorization form is for chiropractic care twice week for 4 weeks was submitted on 10/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHRIOPRACTIC TREATMENT TWICE A WEEK FOR FOUR WEEKS IS NOT MEDICALLY NECESSARY AND APPROPRIATE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Non-MTUS: Official Disability Guidelines (ODG).

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. For the low back, guidelines recommend manual therapy as an option with a trial of 6 visits over 2 weeks. The MTUS guidelines do not recommend manual therapy for the foot. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines also states physical manipulation as optional for neck pain early in care only. In regards to the shoulder, the Official Disability Guidelines do not recommend beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. Per the 10/28/2013 clinical note, the injured worker reported pain in the neck, lower back, shoulders, and right foot. The submitted request does not specify the site of treatment. The rationale for the request was not provided. Since the site of treatment was not provided, the number of visits cannot be determined. As such, the request for chiropractic treatment twice a week for four weeks is not medically necessary and appropriate.