

Case Number:	CM14-0009497		
Date Assigned:	02/26/2014	Date of Injury:	01/08/2014
Decision Date:	06/13/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/23/2014

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 licensed in Chiropractic 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 73 year old female with a reported date of injury on 01/08/2014. The mechanism of injury occurred when a client stepped off a stool and hit the injured worker knocking her to the ground. The progress note dated 01/09/2014 reported symptoms included radiating, sharp pain and tightness to her right foot rated 7/10, mid back pain was sharp and tight rated 8/10, neck pain moderate rated at 6/10, and shoulder pain was stabbing and tight rated 8/10. The diagnoses listed were lumbosacral joint sprain/strain, thoracic sprain/strain, rotator cuff sprain/strain, and sciatic neuralgia. The progress note reported the cervical spine range of motion was generally decreased as well as the lumbar spine. The right shoulder range of motion demonstrated flexion was 90/180 degrees, extension was 25/50 degrees, right abductions was 90/180 degrees, right adduction was 25/50 degrees, right internal rotation is 45/90 degrees, and right external rotation is 45/90 degrees. The request of authorization form dated 01/09/2014 was for chiropractic care 3 times weekly for 4 weeks due to cervical/thoracic sprain/strain, shoulder rotator cuff sprain/strain, and sciatic neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Manipulation.

Decision rationale: The documentation provided reports 6 sessions of chiropractic care were authorized. The California MTUS guidelines note chiropractic care 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 patient's therapeutic exercise program and return to productive activities. The Official Disability Guidelines recommend, for moderate cervical strain, a trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. There is a lack of documentation regarding the efficacy of the prior therapy as indicated by significant functional improvement. It was unclear if the injured worker had significant functional deficits. Therefore, the request is not medically necessary.