

Case Number:	CM14-0102037		
Date Assigned:	07/30/2014	Date of Injury:	08/25/2011
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/02/2014

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 Chiropractics 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 55-year-old female who reported an injury after she slipped and fell 08/25/2011. The clinical note dated 05/28/2014 indicated diagnoses of lumbago, right pelvis pain, and right rotator cuff tear. The injured worker reported low back pain. She reported she did not receive any improvement with her back pain. She described her pain as burning, aching in sensation. The injured worker also reported right inguinal pain. On physical examination of the lumbar spine, the injured worker had diminished sensation at L4-S1 and the right great toe, and she had a positive straight leg raise test at 60 degrees. The injured worker's right hip examination revealed positive log roll, positive impingement at the hip in 90 degrees. The range of motion was internal rotation of 5 degrees, external rotation of 10 degrees, and hip flexion of 90 degrees with restrictive hip adduction. The injured worker's shoulder examination revealed passive range of motion, a forward flexion of 150 degrees, abduction 130 degrees, external rotation of 90 degrees, and internal rotation of 60 degrees. The injured worker had a positive impingement test, positive push off test, and the injured worker's muscle strength with forward flexion and abduction was 4. The injured worker's prior treatments included diagnostic imaging, physical therapy, chiropractic therapy, and medication management. The injured worker's medication regimen included Tramadol, Pennsaid topical compound, and Omeprazole. The provider submitted a request for 12 additional chiropractic sessions. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL CHIROPRACTIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 58,127. Decision based on Non-MTUS Citation ACOEM-Occupational Medicine, Chapter 6 Chronic Pain and Manipulation, page 154.

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

Decision rationale: The request for 12 additional chiropractic sessions is not medically necessary. The California MTUS Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The injured worker has reported that the chiropractic therapy did not improve any of her back pain. Moreover, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. In addition, the request for 12 additional chiropractic sessions did not include a body part or a time frame. Therefore, the request for 12 additional chiropractic sessions is not medically necessary.