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| Case Number: | CM14-0010433 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 09/14/1992 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 patient is a 73 year old female who was injured on 09/14/1992 due to cumulative trauma. Prior treatment history included that patient being under that care of chiropractor since 1994. She also utilized crutches and was participating in a home exercise program. Recent progress reports documented that the patient had decreased pain, spasm and edema and increased range of motion and functionality following chiropractic treatments. UR report dated 01/17/2014 did not certify the request for 12 retro visits of chiropractic treatment. Recent progress reports documented the patient had decreased pain, spasm and edema and increased range of motion and functionality following chiropractic treatments. There is no documentation provided describing specific examples of objective functional improvement from the chiropractic care rendered. There is also no documentation of the patient being actively involved in a home exercise program. The guidelines do not support maintenance care. With the documentation provided there is no support for the 12 retrospective visits of chiropractic care requested as needed basis consistent with the California MTUS chronic pain treatment guidelines. PR-2 dated 12/18/2013 documented the patient with acute exacerbation of pain in the mid thoracic spine with radiating pain to the left rib. The pain was rated 6/10. Radiating pain made sleep and activities of daily living difficult. Breathing was also painful. Objective findings on examination of cervical, thoracic and lumbar spine ranges of motion were decreased. Latissimus, paraspinal and intercostal muscles were hypertonic. There was radiating pain at T4-T6. The patient had hypolordotic cervical and edema was noted over T2-T6. There was subluxation of the cervical, thoracic and lumbo-pelvic region. Treatment request was retrospective review of 12 chiropractic treatment visits from 07/03/2013 through 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 RETRO VISITS OF CHIRO: 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): 58-59.

Decision rationale: Manual therapy for the cervical, thoracic and or lumbar spines, such as Chiropractic care, is recommended by the CA MTUS guidelines where care is specifically directed towards achieving objective measurable improvements in functional capacity with the goal of transitioning the patient to a home exercise program (HEP). Although the original injury occurred on 09/14/1992, recent reports document improvement in patient's subjective complaints of pain and objective improvements in movement. The records also document a transitioning of the patient to a HEP with no documentation as to whether this has actually been achieved. The Guidelines do not support maintenance care. The request for 12 retro Chiropractic visits is not supported by the CA MTUS guidelines and therefore is not medically necessary.