

Case Number:	CM14-0010893		
Date Assigned:	02/21/2014	Date of Injury:	11/02/2011
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
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 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 claimant is a 49-year-old female who was involved in a work injury on 11/2/2011 in which she injured her neck and shoulder. The claimant initially presented to her medical provider where she underwent a course of physical therapy. On 9/13/2012, the claimant presented to the office of [REDACTED] for an evaluation. The claimant received a total of 18 treatments. Subsequently the claimant had an exacerbation on 11/1/2012 and was authorized two additional treatments. A request for 12 additional treatments was submitted and denied by peer review on 1/8/2013. On 3/5/2013, a request for 12 additional chiropractic treatments was denied by peer review. On 8/20/2013, a request for six chiropractic treatments was denied by peer review. On each occasion, the peer reviewer was unable to obtain AP contact. On 11/4/2013, [REDACTED] reevaluated the claimant. It was noted that the claimant had continued neck and shoulder pain. The recommendation was for eight chiropractic treatments. This this was denied by peer review and then modified on appeal to certify 6 chiropractic treatments. On 12/16/2013, Dr. Thomas reevaluated the claimant noting decreased pain and increase range of motion with chiropractic treatment to the neck following completion of 6 sessions of chiropractic treatment. The recommendation was for 18 additional treatments. On 1/7/2014, a request for 18 sessions of physical therapy was submitted and denied by peer review. On 2/3/2014 [REDACTED] submitted a report indicating that on the claimant's "12/16/2013 visit, we appropriately documented that she had undergone 6 visits of chiropractic treatment for a recent bout of neck pain and spasm, and had some clinical improvement. Knowing that a total of 18 visits would be allowed, requested an additional 12 visits for a total of 18 visits, which was subsequently denied." The request for additional treatment was appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) ADDITIONAL CHIROPRACTIC TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

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

Decision rationale: ██████████ noted in his appeal letter that on the "12/16/2013 visit, we appropriately documented that she had undergone 6 visits of chiropractic treatment for a recent bout of neck pain and spasm, and had some clinical improvement. Knowing that a total of 18 visits would be allowed, requested an additional 12 visits for a total of 18 visits, which was subsequently denied." However, a review of the 12/16/2013 progress report indicates a request for "additional chiropractic sessions for 18 visits." This was not a request for 12 additional treatments, but in fact, the request for 18 additional treatments. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The claimant received 6 treatments with "obvious functional improvement." However, the requested 18 additional treatments exceed this guideline and are not supported for medical necessity.