

Case Number:	CM14-0118066		
Date Assigned:	08/13/2014	Date of Injury:	01/02/2014
Decision Date:	09/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 Board Certified in Family Practice 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:

40 yr. old male claimant sustained a work injury on 1/2/14 involving the neck, ankle, shoulder and arm. He was diagnosed with neck strain, brachial neuritis and shoulder strain. A progress note on 1/22/14 indicated the claimant had pain in the involved areas. There was tenderness in the right ankle, difficulty with ambulation, and vertebral tenderness. The claimant had previously completed over 6 sessions of physical therapy and an additional 6 sessions of therapy were requested. A progress note on 6/2/14 indicated the claimant had a positive compression test and decreased range of motion of the cervical spine as well as a positive Appley's test of the right shoulder and decreased range of motion. The treating physician had noted that physiotherapy had helped improve the claimant's function. The treating physician requested continuation of therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor with Supervised Physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual and Physical Medicine Page(s): 58, 98-99.

Decision rationale: According to the MTUS guidelines, chiropractor sessions are not recommended for the foot/ankle. For the low back a trial of 6 visits over 2 weeks and a total of 18 visits over 8 weeks are acceptable for noted functional improvement. In addition, the therapy guidelines indicate up to 10 sessions of therapy over 8 weeks. Based on the request above, the additional therapy and chiropractor exceeds the time frame and frequency completed in combination with the request. Therefore it is not medically necessary.