

Case Number:	CM14-0122672		
Date Assigned:	08/06/2014	Date of Injury:	12/16/2009
Decision Date:	09/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Chiropractic, has a subspecialty in Pediatric 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 37 year old individual with an original date of injury of 12/16/09. The mechanism of injury occurred when the patient was installing cabinets. Injuries were to the right knee, right hand and mid-low back. The patient has received physical therapy, but this was not helpful in relieving the patient's symptoms longer term. The patient has had right knee arthroscopic surgery. The injured worker has undergone approved chiropractic treatments, but experienced only short term relief. The disputed issue is a request for 10 additional chiropractic treatments for the neck and low back, with sessions 2 times a week for 5 weeks. There is no documented objective, functional improvement from the chiropractic treatment or physical therapy. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There has been prior chiropractic treatments and physical therapy, without documented objective, functional improvement. The request for 10 additional chiropractic treatments for the neck and low back, with sessions 2 times a week for 5 weeks is not medically necessary.