

Case Number:	CM14-0138182		
Date Assigned:	09/05/2014	Date of Injury:	08/10/2011
Decision Date:	10/10/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on August 10, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated June 6, 2014, indicates that there are ongoing complaints of cervical spine pain, lumbar spine pain, bilateral shoulder pain, bilateral wrist pain, and bilateral knee pain. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the cervical spine paraspinal muscles. Examination of the shoulders noted decreased range of motion and tenderness over the acromioclavicular joints bilaterally. The examination of the wrists noted decreased sensation at the median and ulnar nerves. Examination of the knees revealed slightly decreased range of motion with crepitus and tenderness over the medial and lateral joint lines. There was slightly decreased quadricep strength rated at 4/5. Diagnostic nerve conduction studies revealed mild right-sided carpal tunnel syndrome. Previous treatment includes physical therapy, the use of a heating pad, and oral medications. A request had been made for chiropractic treatment twice a week for six weeks for the cervical spine and was not certified in the pre-authorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments to include all modalities for cervical spine For Two times a week for six weeks (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. The request for Chiropractic treatments to include all modalities for cervical spine for Two times a week for six weeks is not medically necessary.