

Case Number:	CM14-0152205		
Date Assigned:	09/22/2014	Date of Injury:	03/07/2014
Decision Date:	11/21/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Chiropractic Sports Physician, 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 50-year-old female who was injured on 3/7/14 when she was assaulted by a resident while working as a counselor. She was diagnosed with assault, cervical, thoracic and lumbar strain/sprain, right wrist strain/sprain r/o CTS, contusions of both knees, concussion symptoms with LOC and PTSD. She has received treatment of medications, physical therapy, acupuncture and DME. No report for a head CT scan was viewed in the documents but a report stated that the scan was normal. The doctor is requesting 9 chiropractic therapy sessions from 9/3/14 to 10/18/14. This seems to be the first chiropractic care requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Chiropractic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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

Decision rationale: According to the MTUS chronic pain guidelines, 9 visits of chiropractic care over approximately 6 weeks are not medically necessary or recommended. 6 chiropractic treatments or manipulation over 2 weeks initially is what is recommended, with the probability

of more treatment to follow if there are objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. This request exceeds the guideline recommendation; therefore it is not medically necessary or appropriate.