

Case Number:	CM14-0154062		
Date Assigned:	09/23/2014	Date of Injury:	07/14/2014
Decision Date:	10/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine, 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:

According to the records made available for review, this is a 35-year-old female with a 7/14/14 date of injury. At the time (9/5/14) of the Decision for chiropractic treatment and physiotherapy (12) visits (3x4), there is documentation of subjective (thoracolumbar pain rated at 5-6/10 with radiation into the right leg to the knee and left shoulder pain rated at 4-5/10) and objective (tenderness and hypertonicity in the lumbar paraspinal musculature, lumbar flexion was to 35 degrees and extension to 10 degrees, tenderness and hypertonicity were present in the left shoulder musculature, left shoulder flexion was to 140 degrees, abduction to 135 degrees, internal rotation to 83 degrees, external rotation to 80 degrees, Cross over and impingement tests were positive) findings, current diagnoses (thoracic sprain and strain), and treatment to date (acupuncture). There is no documentation of chronic pain caused by musculoskeletal conditions and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment and Physiotherapy (12) visits (3x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 127. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule: ACOEM 2nd Edition page 106, 111, and 115

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain and strain. However, there is no documentation of chronic pain caused by musculoskeletal conditions and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therefore, based on guidelines and a review of the evidence, the request for chiropractic treatment and physiotherapy (12) visits (3x4) is not medically necessary.