

Case Number:	CM14-0155148		
Date Assigned:	09/25/2014	Date of Injury:	12/07/2013
Decision Date:	11/26/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Acupuncture 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 patient is a 38-year-old female with a date of injury of 12/07/2013. According to the progress report dated 6/10/2014, the patient complained of bilateral hand, wrist, left shoulder, neck and upper back pain. Significant objective findings include restricted range of motion of 15-20%, pain with cervical compression, Soto Hall, and shoulder depression. Ross test, supraspinatus press test, resist test, and Apley's test was positive. Tinel's and Phalen were also positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic treatments (8 visits from 03/18/14 to 04/29/14): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Manipulation

Decision rationale: The Official Disability Guidelines recommend manipulation for regional neck pain. For moderate neck pain, the guideline recommends a trial of 6 visits over 2-3 weeks and with evidence of objective functional improvement a total of 18 visits over 6-8 weeks is

recommended. The reports indicated that the patient received 6 chiropractic visits from 3/18/2014 to 4/29/2014. The guideline recommends a trial of 6 visits. The provider has requested authorization for 8 chiropractic sessions from 3/18/2014 to 4/29/2014 exceeds the guidelines recommendation. Therefore, the provider's retrospective request for 8 chiropractic session dated 3/18/2014 to 4/29/2014 is not medically necessary at this time. Additional chiropractic session beyond the initial trial is medically necessary with documentation of functional improvement.

Additional Chiropractic Treatments (6 visits 06/01/14 to 11/30/2014): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Neck and Upper Back (Acute & Chronic), Manipulation

Decision rationale: The provider's request for 6 additional chiropractic sessions from 6/01/2014 to 11/30/2014 is not medically necessary at this time. There is a lack of documentation of significant objective functional improvement from chiropractic treatments in the past.