

Case Number:	CM14-0164561		
Date Assigned:	10/09/2014	Date of Injury:	02/06/2012
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 54 year old individual with an original date of injury of 2/6/12. The mechanism of this industrial injury was not specified. The injured worker has received 33 chiropractic treatments, 27 physical therapy treatments, 21 acupuncture sessions, and left knee surgery. There is no indication of objective, functional improvement and there is no reported flare-up. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore the request is in excess of the Guidelines. The disputed issue is a request for 4 additional chiropractic treatments and 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:

4 Additional Chiropractic Therapy and Physical Therapy Sessions: 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) Chiropractic Treatment for Neck or Low Back Pain

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. In this case, there is no documentation of objective, functional improvement. The injured worker has undergone 33 chiropractic treatments and 27 physical therapy treatments. The request is in excess of the Guidelines. The request for 4 additional chiropractic treatments and physical therapy treatments is not medically necessary.