

Case Number:	CM14-0167644		
Date Assigned:	10/15/2014	Date of Injury:	03/25/2013
Decision Date:	11/26/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 51 year old male who sustained a work injury on 3-25-13. Office visit on 8-26-14 notes the claimant has neck pain radiating to right anterior and upper shoulder regions. He also reports bilateral hearing loss and tinnitus with tension type headaches. He reports his neck pain is 4/10 and back pain at 4/10. Medications help with the pain. On exam, physical and cognitive examinations are within normal limits. He had positive Soto Hall tests and positive bilateral Kemps test. The claimant has been treated with chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58.

Decision rationale: MTUS Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Medical Records reflect the claimant has been treated with chiropractic therapy. Quantification of functional improvement and duration of improvement not provided. Additionally, there is an absence in documentation noting that this claimant cannot perform a home exercise program based on the therapy he has had. Therefore, the medical necessity of this request is not established. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments. Medical Records reflect the claimant has been treated with chiropractic therapy. Quantification of functional improvement and duration of improvement not provided. Additionally, there is an absence in documentation noting that this claimant cannot perform a home exercise program based on the therapy he has had. Therefore, the medical necessity of this request is not established.