

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0168505 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 07/16/2013 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Pain Management, has a subspecialty in Interventional Spine 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 36-year-old male with a date of injury of 07/16/2013. The listed diagnoses per [REDACTED] are: 1. Cervical spine sprain/strain. 2. Rule out cervical spine disk disease. 3. Thoracic spine sprain/strain. 4. Positive MRI finding of lumbar spine disk protrusion. 5. Rule out lumbar spine disk disease. 6. Left shoulder sprain/strain/impingement. 7. Rule out left shoulder acromioclavicular separation. 8. Left elbow sprain/strain, lateral epicondylitis. 9. Bilateral wrist sprain/strain, carpal tunnel syndrome. 10. Bilateral hip strain/sprain. 11. Bilateral knee sprain/strain. 12. Bilateral knee, rule out meniscus tear. 13. Insomnia. According to progress report 08/28/2014, the patient presents with low back, left arm/shoulder, and bilateral knee pain. Examination of the lower back reveals "grade I tenderness to palpation over the paraspinal musculature on the last visit. There is restricted range of motion. Straight leg raise test is positive bilaterally." Examination of the left shoulder revealed "grade II tenderness to palpation on the last visit. There is restricted range of motion." This is a request for chiropractic evaluation and treatment for the lumbar spine and left shoulder 2 times a week for 6 weeks. Utilization review denied the request on 09/30/2013. Treatment reports from 05/01/2014 through 08/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Evaluation & Treatment of Lumbar Spine, At 2 Times a Week for 6 Weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: This patient presents with low back, left shoulder/arm, and bilateral knee pain. The treater is requesting chiropractic evaluation and treatment of lumbar spine at 2 times a week for 6 weeks. The MTUS Guidelines recommends an option trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. [REDACTED] report from 08/28/2014 states that the patient has "completed 13 sessions of chiropractic therapy." Chiropractic treatment reports are not provided for my review. MTUS further state for recurrences/flare-ups, reevaluate treatments except if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the patient is currently temporarily totally disabled and not working. The patient has had 13 sessions thus far without documentation of functional and pain improvement as required by MTUS. Recommendation is for denial.

Chiropractic Evaluation & Treatment of Left Shoulder at 2 Times a Week for 6 Weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back, left shoulder/arm, and bilateral knee pain. The treater is requesting chiropractic evaluation and treatment of the shoulder at 2 times a week for 6 weeks. The MTUS Guidelines recommends an option trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. [REDACTED] report from 08/28/2014 states that the patient has "completed 13 sessions of chiropractic therapy." Chiropractic treatment reports are not provided for my review. MTUS further state for recurrences/flare-ups, reevaluate treatments except if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, the patient is currently temporarily totally disabled and not working. The patient has had 13 sessions thus far without documentation of functional and pain improvement as required by MTUS. Recommendation is for denial.