

Case Number:	CM14-0175154		
Date Assigned:	10/28/2014	Date of Injury:	04/20/2006
Decision Date:	12/24/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 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:

Claimant is a male who sustained a work related injury on 4/20/2006. Per a PR-2 dated 9/16/2014, the claimant has had no significant improvement and is having significant back pain, shoulder pain, and elbow pain. The worst pain is in his lower back. He takes medications which reduce his symptoms and help him function. He is having increased spasms in his low back. He is also developing numbness and tingling in his left upper extremity. He has tenderness to palpation in his left shoulder, left elbow, and paravertebral muscles. He has restricted range of motion in the left shoulder, left elbow, and lumbar spine. He has positive impingement sign in the left shoulder and positive cozen's. His diagnoses are derangement of the joint, lateral epicondylitis, and lumbar radiculopathy. The provider states the claimant should return to normal work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care three times a week for four weeks for lumbar, bilateral shoulders, elbows and right hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. A request for 12 visit exceeds the recommended trial. Also chiropractic is not recommended for shoulder, elbows, and hand injuries.