

Case Number:	CM14-0182981		
Date Assigned:	11/10/2014	Date of Injury:	08/03/2012
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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 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:

Claimant is a 44 year old male who sustained a work related injury on 8/3/2012. Six additional chiropractic visits were authorized on 10/14/2014. Prior treatment includes TPII, acupuncture, surgery, chiropractic, and medications. Per a PR-2 dated 10/20/2014, the claimant has low back, bilateral hip, right knee and right foot and ankle pain. Pain has decreased and activities of daily living are increased. His diagnoses are lumbar disc, bilateral hip strain/sprain, and right knee status post-surgery with residuals, and right ankle sprain/sprain, and hypertension. He is working modified duty with restrictions that are the same since a PR-2 dated 4/4/14. Per a report dated 10/7/14, the claimant has completed 14 chiropractic visits and is improving in activities of daily living in bathing, dressing, reaching, cooking, cleaning, housework, laundry, and activity independence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 times a week for 4 weeks, Lumbar and Hips only: 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 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. Six chiropractic visits were recently authorized. There is no documentation of functional improvement from those visits. Without functional improvement documented further chiropractic is not medically necessary. Also there have been at least 14 chiropractic treatments rendered and 6 more authorized. Eight more requested visits would put the claimant over the 24 visit maximum for chiropractic treatment. Therefore, further visits are not medically necessary.