

Case Number:	CM14-0020968		
Date Assigned:	04/30/2014	Date of Injury:	09/25/2013
Decision Date:	08/13/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The claimant is a 54 year old male who sustained a work related injury on 9/25/2013. The prior treatment includes left arm/forearm surgery and oral medication. Per a report dated 1/15/14, the claimant continues to report pain in the neck, right shoulder, left elbow, left wrist, pelvis, and lumbar spine. The claimant is totally disabled. His diagnoses are left elbow abrasion, left knee foreign body, cervical spine sprain/strain vs. discopathy, lumbar strain/sprain vs. discopathy, pelvis strain/strain, left wrist strain/sprain, mild carpal tunnel syndrome and right shoulder sprain/strain. The provider is requesting 8 visits of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC THERAPY TO LUMBER SPINE AND RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to evidenced based guidelines, an initial trial of chiropractic consists of six visits or less. A request for eight visits exceeds the recommended number and

therefore is not medically necessary. If objective functional improvement is demonstrated, further visits may be certified after the trial. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. If this is not a request for an initial trial, no functional improvement has been documented as a result of completed chiropractic visits. As such, the request is not medically necessary.