

Case Number:	CM14-0027896		
Date Assigned:	06/16/2014	Date of Injury:	03/30/2013
Decision Date:	07/24/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

The injured worker is a 33-year-old female with a reported date of injury on 03/30/2013. The injury reportedly occurred from a slip and fall. The injured worker presented with neck pain. Upon physical examination the injured worker presented with negative nerve cervical compression test. The physician indicated the injured worker's cervical range of motion was unrestricted. The injured worker rated her pain at 3/10. According to the clinical documentation provided for review, the injured worker previously participated in chiropractic care and physical therapy, as well as the utilization of heating pads for pain. The injured worker's medication regimen was not provided within the documentation available for review. The injured worker's diagnosis included blunt head trauma, cervical sprain/strain, and confusion. The request for authorization for 12 chiropractic and PT managed therapy sessions was submitted on 03/03/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CHIROPRACTIC AND PT MANAGED THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/physical therapy.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Recommend that the time to produce effect would be 4 to 6 treatments over 2 weeks with evidence of objective functional improvement. Elective/maintenance care is not medically necessary. According to the clinical note dated 04/05/2013, the injured worker previously participated in chiropractic therapy, the results of which were not provided within the documentation available for review. There is a lack of documentation related to the achievement of positive symptomatic or objective measurable gains of functional improvement that facilitate improvement, related to previous chiropractic sessions. In addition, the request for additional 12 chiropractic sessions exceeds the recommended guidelines. Therefore, the request for 12 Chiropractic and PT managed therapy sessions is not medically necessary and appropriate.