

Case Number:	CM14-0028009		
Date Assigned:	06/25/2014	Date of Injury:	10/07/2013
Decision Date:	07/29/2014	UR Denial Date:	02/26/2014
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 a licensed Doctor of Chiropractic, has a subspecialty in 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 61-year-old male who reported an injury on 10/07/2013. The mechanism of injury was a motor vehicle accident. On 02/16/2014 the injured worker presented with neck pain, bilateral shoulder pain, low back pain, bilateral hip pain, and bilateral elbow pain. Upon examination there was a positive Phalen's and a positive Tinel's and there was tenderness to palpation at the bilateral shoulders. Prior treatment included medication and wrist braces. The diagnoses were cervical musculoligamentous sprain/strain, bilateral shoulder periscapular strain, bilateral elbow medial and lateral epicondylitis, and lumbosacral musculoligamentous sprain/strain. The provider recommended chiropractic treatments; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE 12 VISITS BILATERAL SHOULDERS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic care 12 visits to the bilateral shoulders is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by a musculoskeletal condition is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The included medical documentation lacked evidence of the prior treatment that has been provided and the efficacy of the prior treatment. A trial period of up to 6 sessions is recommended initially and with evidence of objective functional benefit, a total of up to 18 visits over 6 to 8 weeks would be recommended. The injured worker presents with objective deficits upon physical examination; however, there is no documentation of objective functional limitation, as the injured worker is now able to perform usual and customary duties as of 02/14/2014. Without evidence of functional limitation or work restriction, the medical necessity for the requested chiropractic care is not medically necessary. Furthermore, the provider's request did not indicate the frequency of the chiropractic visits being requested. As such, the request is not medically necessary.

CHIROPRACTIC CARE 12 VISITS BILATERAL ELBOWS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic care 12 visits to the bilateral elbows is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by a musculoskeletal condition is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The included medical documentation lacked evidence of the prior treatment that has been provided and the efficacy of the prior treatment. A trial period of up to 6 sessions is recommended initially and with evidence of objective functional benefit, a total of up to 18 visits over 6 to 8 weeks would be recommended. The injured worker presents with objective deficits upon physical examination; however, there is no documentation of objective functional limitation, as the injured worker is now able to perform usual and customary duties as of 02/14/2014. Without evidence of functional limitation or work restriction, the medical necessity for the requested chiropractic care is not medically necessary. Furthermore, the provider's request did not indicate the frequency of the chiropractic visits being requested. As such, the request is not medically necessary.

CHIROPRACTIC CARE 12 VISITS BILATERAL WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic care 12 visits to the bilateral wrists is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by a musculoskeletal condition is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The included medical documentation lacked evidence of the prior treatment that has been provided and the efficacy of the prior treatment. A trial period of up to 6 sessions is recommended initially and with evidence of objective functional benefit, a total of up to 18 visits over 6 to 8 weeks would be recommended. The injured worker presents with objective deficits upon physical examination; however, there is no documentation of objective functional limitation, as the injured worker is now able to perform usual and customary duties as of 02/14/2014. Without evidence of functional limitation or work restriction, the medical necessity for the requested chiropractic care is not medically necessary. Furthermore, the provider's request did not indicate the frequency of the chiropractic visits being requested. As such, the request is not medically necessary.

CHIROPRACTIC CARE 12 VISITS BILATERAL C-SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic care 12 visits to the bilateral C-spine is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by a musculoskeletal condition is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The included medical documentation lacked evidence of the prior treatment and the efficacy of the prior treatment. A trial period of up to 6 sessions is recommended initially and with evidence of objective functional benefit, a total of up to 18 visits over 6 to 8 weeks would be recommended. The injured worker presents with objective deficits upon physical examination; however, there is no documentation of objective functional limitation, as the injured worker is now able to perform usual and customary duties as of 02/14/2014. Without evidence of functional limitation or work restriction, the medical necessity for the requested chiropractic care

is not medically necessary. Furthermore, the provider's request did not indicate the frequency of the chiropractic visits being requested. As such, the request is not medically necessary.

CHIROPRACTIC CARE 12 VISITS T-SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic care 12 visits to the T-spine is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by a musculoskeletal condition is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The included medical documentation lacked evidence of the prior treatment and the efficacy of the prior treatment. A trial period of up to 6 sessions is recommended initially and with evidence of objective functional benefit, a total of up to 18 visits over 6 to 8 weeks would be recommended. The injured worker presents with objective deficits upon physical examination; however, there is no documentation of objective functional limitation, as the injured worker is now able to perform usual and customary duties as of 02/14/2014. Without evidence of functional limitation or work restriction, the medical necessity for the requested chiropractic care is not medically necessary. Furthermore, the provider's request did not indicate the frequency of the chiropractic visits being requested. As such, the request is not medically necessary.

CHIROPRACTIC CARE 12 VISITS L-SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for chiropractic care 12 visits to the L-spine is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by a musculoskeletal condition is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The included medical documentation lacked evidence of the prior treatment that has been provided and the efficacy of the prior treatment. A trial period of up to 6 sessions is recommended initially and with evidence of objective functional benefit, a total of up to 18 visits over 6 to 8

weeks would be recommended. The injured worker presents with objective deficits upon physical examination; however, there is no documentation of objective functional limitation, as the injured worker is now able to perform usual and customary duties as of 02/14/2014. Without evidence of functional limitation or work restriction, the medical necessity for the requested chiropractic care is not medically necessary. Furthermore, the provider's request did not indicate the frequency of the chiropractic visits being requested. As such, the request is not medically necessary.