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| Case Number: | CM14-0029942 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 01/12/2012 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 Chiropractor 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 patient is a 57 year old male who was injured on 01/12/2012. The exact mechanism of injury is unknown. However, he presented with complaints of pain and discomfort of the neck radiating to the left shoulder, right shoulder. Prior treatment history has included upon review of the record that the patient began chiropractic treatment on 12/02/2013 with complaint of limitations in activities of daily living. The sixth visit was on 12/09/2013, which stated the symptoms were slowly improving with the treatment and would continue with the treatment plan. The 18th treatment was performed on 01/09/2014 which stated again the symptoms were slowly improving with the treatment and to continue the treatment plan. The last treatment note available was visit 24 on 02/27/2014 which stated again the symptoms were slowly improving with the treatment and to continue with the treatment plan. On 03/19/2014 there was a request made for 1 chiropractic visit which was authorized, however his prior request for authorization on 02/03/2014 for a total of 2 chiropractic treatments a month for 3 months was denied. According to the Utilization report dated 02/11/2014 the request for additional chiropractic treatment was denied as there was limited documentation indicating whether the claimant could not perform muscle strengthening through a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment to the cervical spine two times a month times three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy & Manipulation Page(s): 58-59.

Decision rationale: This patient's initial date of injury is documented as being 01/12/2012 and of unspecified origin. This request is for additional Chiropractic treatments of 6 visits on a 2 times a month for 3 months basis. Records indicate this patient has received a total of 24 visits for treating this injury. This 24th visit occurred on 2/27/2014. Records for this date of treatment state the patient continues to improve. This is consistent with other records also indicate the patient has improved in terms of both objective findings as well as subjective complaints (decreased neck pain and increased leg strength). The CA MTUS guidelines allow for six visits within the initial 2 weeks of an injury with a total of 18 visits over six to eight weeks with evidence of improvement in functional capacity with a goal of transitioning to a Home Exercise Program. In this case, the provider documents functional improvement however he does not document why prolonged treatment is indicated, nor is there any documentation outlining why this patient can't be or has not been transitioned to a Home Exercise Program for the purposes of muscle strengthening as dictated by the guidelines. Decision for Chiropractic Care for 6 visits on a 2x month for 3 months, per CA MTUS guidelines is not medically necessary.