

Case Number:	CM14-0034149		
Date Assigned:	06/20/2014	Date of Injury:	02/08/2011
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/19/2014

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 is licensed to practice in California, Washington and New Mexico. 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 38 year old male with an original date of injury of 2/8/11. The mechanism of injury occurred when the patient slipped and fell on a floor that was being waxed. The patient has had surgery to repair a fractured femur and post-operative physical therapy. The injured worker has undergone approved chiropractic treatments. The disputed issue is a request for retrospective 2x chiropractic manipulation and chiropractic physical therapy 12/11/13. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 12/11/2013- 2 X chiropractic manipulation and chiropractic physical therapy: 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 Manipulations Page(s): 58-60.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. In this case, the patient has received chiropractic treatment for these injuries, without documented objective, functional improvement. The request for retrospective 2x chiropractic manipulation and chiropractic physical therapy 12/11/13, is not medically necessary.

Retrospective for date of service 1/8/2014 - 2 X chiropractic manipulation and chiropractic physical therapy: 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 Manipulations Page(s): 58-60.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. In this case, the patient has received chiropractic treatment for these injuries, without documented objective, functional improvement. The request for retrospective 2x chiropractic manipulation and chiropractic physical therapy 1/8/14, is not medically necessary.