

Case Number:	CM14-0034807		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2013
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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. 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 51-year-old female who was injured on 08/16/2013, when she fell backwards and to prevent her from falling onto the ground, she grabbed onto a bar and felt pain in her neck, shoulders, and back. Prior treatment history has included six (6) sessions of physical therapy and acupuncture. Prior medication history included Tylenol, BioFreeze and low back support. The progress report dated 01/30/2014, states that the patient presented with complaints of right knee pain and cortisone injection. Objective findings on exam revealed paravertebral muscles are tender with spasm present. There is no sensory deficit. Range of motion exhibits flexion to 38 degrees; extension to 31 degrees; right rotation to 56 degrees; left rotation to 56 degrees; right lateral bending to 28 degrees and left lateral bending to 28 degrees. There is tenderness to palpation over the medial aspect of the knee and McMurray test is positive. Impressions are cervical spine strain, lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral DeQuervain's tenosynovitis, bilateral shoulder impingement syndrome, and right knee internal derangement. The treatment and plan included 1ml of Kenalog injection in the right pes anserine bursa bursa. Prior utilization review dated 03/14/2014, states that the request for chiropractic therapy was recommended not certified and did not provide a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions, three (3) times a week for four (4) weeks for the neck, low back, and right shoulder: 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 Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Shoulder/Manipulation.

Decision rationale: The Chronic Pain Guidelines indicate that chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The guidelines allow for a six (6) visit trial of manual therapy within the first two (2) weeks, with up to eighteen (18) visits within the six to eight (6-8) weeks provided improvement in functional capacity has been documented. Review of the records demonstrates a lack of detailed physical examination findings regarding both the patient's neck (cervical strain), as well as lower back (para vertebral muscle spasm). The records indicate that this patient has been treated with physical therapy (PT) treatments as well as acupuncture. No documentation could be found within the records as to what improvements in functional capacity was derived by these treatments nor was there any stated goal as to what improvements in functional capacity would be derived/anticipated by future chiropractic treatments. There was also no documentation as to when this patient would be transitioned to a home exercise program (HEP). This patient's date of injury is 08/16/2013, which far outside the initial two (2) weeks for an initial trial, according to the guidelines. The request is not medically necessary.