

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0042100 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 02/15/2010 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/08/2014 |

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, has a subspecialty in Chiropractic Sports 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 injured worker is a 65 year old female who was injured on 2/15/10 with an unknown mechanism of injury. The injured body parts are cervical spine, lumbar spine, right shoulder, right hand and wrist. She has apparently received prior physical therapy(pre&post right shoulder surgery), chiropractic care, and right shoulder surgery on 9/26/11. No documentation of MRI studies and EMG/NCV studies were found in the records. The amount of previous care and the response to care was not documented. The doctor is requesting 12 session of chiropractic care for the lumbar, right shoulder, right wrist and hand(3x4).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of chiropractic care for the lumbar, right shoulder, right wrist and hand (3x4):
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 9792.20-9792.26 Page(s): 58 AND 59.

Decision rationale: The documentation does not show that prior chiropractic care and the amount has resulted in objective measurable gains in functional improvement that facilitate

progression in the patient's therapeutic exercise program and return to productive activities. Also, the request of chiropractic care(3x4) or 12 total visits does not follow the MTUS Chronic pain guidelines stated above. The request for care is not medically necessary.