

Case Number:	CM14-0042707		
Date Assigned:	06/30/2014	Date of Injury:	11/21/2011
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/09/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 55-year-old female who was reportedly injured on November 21, 2011. The mechanism of injury was noted as a slip and fall. The most recent progress note dated June 6, 2014, did not indicate any specific physical complaint. No physical examination was performed. The most recent physical examination was dated November 26, 2013, and there was tenderness on the lateral epicondyle of the right elbow. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included nine sessions of physical therapy, six sessions of chiropractic treatment, and 12 sessions of acupuncture as well as a lumbar spine brace. A request had been made for 12 sessions of chiropractic care and 12 sessions of physical therapy and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic Treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

Decision rationale: According to the medical record, the injured employee has previously participated in six sessions of chiropractic care. There was no comment regarding the efficacy of these prior treatments. Without this information, justification for additional treatment cannot be made. This request for 12 chiropractic care treatments for the lumbar spine is not medically necessary.

Twelve (12) Physical Therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the medical record, the injured employee has previously participated in nine sessions of physical therapy. There was no comment regarding the efficacy of these prior treatments. Without this information, justification for additional treatment cannot be made. This request for 12 physical therapy treatments for the lumbar spine is not medically necessary.