

Case Number:	CM14-0047790		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2009
Decision Date:	11/26/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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:

According to the available medical records, this is a 64 year old female with chronic pain in the neck, low back, right wrist and knees, date of injury is 08/07/2009. Previous treatments include chiropractic, physical therapy, medications, acupuncture. Progress report dated 03/20/2014 by the treating doctor revealed patient complains of neck pain and stiffness radiating to both upper extremities, low back pain and stiffness radiating to both legs with numbness, left shoulder pain and weakness, right wrist pain with numbness of right hand/fingers, bilateral knee pain and stiffness. Objective findings include +3 tenderness to palpation of the bilateral trapezii, bilateral upper trapezii and cervical paravertebral muscles, shoulder depression causes pain bilaterally, +3 tenderness to palpation of the bilateral SI joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes, SLR causes pain bilaterally, +3 tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus, Neer's causes pain, +3 tenderness to palpation of the dorsal wrist, Phalen's causes pain, +3 tenderness to palpation of the lateral joint line, medial joint line and superior border of patella, McMurray's causes pain in both knees. Diagnoses include cervical radiculopathy, cervical sp/st, lumbar radiculopathy, lumbar sp/st, left shoulder impingement syndrome, left shoulder sp/st, right carpal tunnel syndrome, right wrist sp/st, left knee meniscus tear, and right knee meniscus tear. Treatment plan include medications, pain management, physical therapy, chiropractic and acupuncture. The patient remained off-work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 sessions, 1 x 2 (lumbar, cervical, right wrist, bilateral knees):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant presents with chronic pain in the neck, shoulder, wrist, low back and knees from an injury more than 4 years ago. Previous treatment records are not available for review. The claimant is current treated with medications, chiropractic, physical therapy, and acupuncture. It is unclear how many chiropractic treatments she has completed; however, there is no evidence of objective functional improvements documented. The claimant continues to experience pain in multiple body part and remained off work, while multiple treatment approaches are requested. MTUS guidelines do not recommend chiropractic treatment for the wrist and knees either. Therefore, the request for Chiropractic Treatments is not medically necessary.