

Case Number:	CM14-0050477		
Date Assigned:	07/07/2014	Date of Injury:	08/25/2011
Decision Date:	08/21/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 Chiropractic, has a subspecialty in Pediatric 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 injured worker is a 55 year old individual with an original date of injury of 8/25/11. The mechanism of injury occurred when the patient was injured loading freight to a trailer. The patient had left shoulder arthroscopy on 10/18/11. Current complaints are neck, right knee, left shoulder, thoracic spine and lumbar spine pains with urine and sexual dysfunction. The patient has received 17 sessions of physical medicine, but the patient stated this was not helpful in relieving the patient's symptoms or improving the activities of daily living. At this time, the patient is on temporary total disability. There is no documentation of objective, functional improvement. The disputed issue is a request for 6 additional chiropractic treatments for 3-4 regions. An earlier Medical Utilization 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:

6) Additional visits of chiropractic manipulative therapy 3-4 regions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no documented objective, functional improvement noted from the 17 prior chiropractic treatments. The request for 6 additional chiropractic treatments for 3-4 regions is not medically necessary.