

Case Number:	CM14-0050895		
Date Assigned:	07/09/2014	Date of Injury:	04/11/2012
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
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 Acupuncture 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 reported to be a 41 year old female who sustained a crush injury on 4/11/12, Her treating diagnosis: cervical sprain/strain and lumbar spine degenerative disease, left knee menisceal tear. On 3/19/14 the patient presented to [REDACTED] for treatment. The PR-2 of 3/19/14 reported her complaints as frustrated concerning delay in treatment of knee.: Aside from vitals no other examination findings were documented. Treatment Plan: left knee evaluation, cervical/lubar spine chiropractic manipulaiton. On 4/3/14 a denial of care for Chiropractic care 2x3 was issued. [REDACTED] opined that the 6 sessions of Chiropractic care were not supported by California MTUS Chronic Treatment Guidelines resulting in denial of care requested. Support for the opinion was found in the PR-2 from [REDACTED] dated 3/19/14 that failed to document clinical evidence of residual injury to th spine sufficient to support any Chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x a week times 3x week for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009.

Decision rationale: At the time of the 3/19/14 visit with [REDACTED] on 3/19/14, the patient was a 41 year old female with a history of crush injury to her upper extremity. On this visits she was frustrated with her delay in obtain care for her knee; no other complaints were presented to [REDACTED] leaving the request for Chiropractic care without evidence of medical necessity. Aside from a VAS of 3/10 and vitals, abnormal reflexes and antalgic gain, no additional clinical findings supporting a trial course of Chiropractic care was provided. AS stated in the California MTUS Chronic Treatment Guidelines for manual therapy, The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. [REDACTED] did not provide any clinical evidence of spinal deficits in the cervical/lumbar spine that Chiropractic care would improve lading to functional improment. Functional benefit as addressed means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam' of which none was reported.