

Case Number:	CM14-0060307		
Date Assigned:	07/09/2014	Date of Injury:	11/23/2013
Decision Date:	08/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice 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 a 20 year old male with an injury date on 11/23/2013. The listed diagnoses per [REDACTED]. [REDACTED] dated 03/17/2014 are:1.Cervical disc herniation with myelopathy.2.Lumbar disc displacement with myelopathy.3.Thoracic disc displacement with myelopathy.4.Sciatica.5.Partial tear of rotator cuff (bilaterally).6.Rib sprain and strain.7.Intercostals neuritis.8.Left ankle sprain and strain9.Post-concussion syndromeAccording to this report, the patient complains of constant severe chest pain, right ankle/foot pain, constant moderate headaches, bilateral shoulder pain with numbness, constant severe cervical pain, constant severe thoracic pain, and constant severe lumbar pain. Tenderness was noted at the paraspinals muscles of C2-C7, T5-T10, and L1-S1 bilateral, suboccipital muscle, bilateral upper shoulders muscle, bilateral intercostals muscle, and trigger points at the left piriformis muscle. Cervical and lumbar range of motion restricted with pain in all range. The axial compression test, distraction test, shoulder depression test, rib compression test, Schepelmann's test, Kemp's test, straight leg raise (SLR) test, Yeoman and Braggard's test were positive. Examination of the shoulder reveals tenderness at the bilateral shoulders and rotator cuff muscles. Decreased shoulder range of motion. The Codman's test, Speed test, and Supraspinas test were positive. Examination of the ankle and foot reveals mild swelling of the left ankle, +4 spasms and tenderness at the left lateral and medial malleolus, left anterior heel and mortise joint. The patient was ambulated with 2 crutches and had a soft boot on his left foot. There were no other significant findings noted on this report. The utilization review denied the request on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 6 sessions(lumbar,cervical, bilateral shoulder, right ankle, thoracic): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (pp58,59)Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: Regarding manual therapy and manipulation, the MTUS guidelines recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, no therapy reports were provided and there is no discussion regarding the patient's progress, no evidence of objective functional improvement, return to work plan or change and no documentation regarding medication reduction. Given the patient has had 8 sessions of manual therapy, additional treatments would require documentation functional improvement. Therefore, the request for chiropractic treatment is not medically necessary.