

Case Number:	CM14-0063702		
Date Assigned:	07/11/2014	Date of Injury:	08/03/2003
Decision Date:	08/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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:

The female claimant was involved in a work injury on 8/3/2003. The mechanism of injury was not available for review. The claimant is currently under the care of [REDACTED]. On 4/15/2014 the claimant presented to this provider with complaints of continued bilateral knee, neck, and shoulder pain. There was a reduction in ranges of motion findings and tenderness to palpation in the neck and upper back. There was also tenderness in the wrist/hand. The claimant diagnosed with cervical strain, acute bilateral C6 radiculopathy per EMG, bilateral carpal tunnel syndrome, lumbar sprain/strain with radicular component and bilateral knee internal derangement. The recommendation was for chiropractic treatment at 2 times per week for 4 weeks. The claimant does have a history of previous chiropractic treatment. According to a 3/4/2014 progress note the claimant reported 8% improvement following 12 sessions of chiropractic treatment. The requested 8 treatments were denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The medical necessity for the requested 8 chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 8 treatments exceed this guideline. Moreover, in order for additional treatment to be considered appropriate there must be documented functional improvement. A 3/4/2014 treatment note indicated that the claimant had an 80% improvement with chiropractic care after 12 sessions. However, there is no indication of the timeframe over which this treatment was provided. Therefore, consistent with MTUS guidelines, the medical necessity for the requested 8 additional treatments was not established.