

<b>Case Number:</b>	CM14-0067885		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Orthopaedic Surgery, 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 Application for Medical Review is dated 5/5/14 requesting a review of a 4/30/14 denial of Chiropractic care, 2x4wks. to the cervical spine. The patient's diagnosis is 727.05 or tenosynovitis, the specific region not addressed. The [REDACTED] letter of denial is dated 4/30/14 denying dates of service 4/22/14 through 7/30/14, 8 sessions of 2x4 manipulation to the cervical spine. The notice of denied care was issued to [REDACTED]. On 9/9/14 [REDACTED] supplied the medical records and related documents to [REDACTED] for IMR. The documents included reports/records from [REDACTED] 2/26/14; 3/4/14; 3/6/14; 3/23/14 and [REDACTED] 3/20/13 and 4/10/14. The patient presented as a 61 year old male laborer who stated he was required to push and pull between 3 people 150 lbs. of weight on a ramp and there was a 2x4 lower than hi and he hit his head. HE presented with scalp tenderness and neck stiffness and LROM; no radicular symptoms noted. Diagnoses: blunt head trauma; cervical sprain/strain. Plan: cold pack/moist heat; medications; PT 3x2 after evaluation to improve ROM and decrease pain to 2/10. PR-2 from [REDACTED] dated 3/4/14: patient presented with moderate to severe neck pain with no radiation. Worse with ROM. Plan: continue medications/topicals;; PT to start in two days; completed 3/6. RTW modified-no climbing, overhead work and limited push/pull. Supplemental report of 3/6/14 reports the patient not improvement significantly. Cervical pain 7/10 with limited ROM; no radicular pain. (possible duplicate report with the one completed 3/4/14). PT to start. Patient discharge form completed on 3/6/14 but handwriting was illegible. Plan: return to work with restrictions; medications; continue PT. PR-2 3/13/14: patient reported not improved significantly. Patient completed 3 PT sessions without change; LROM continued. Not taking medications; on TTD since no modified duty. 3/20/14: [REDACTED]: PTP consultation. He reported additional dates of injury to his foot, lower back and the subject cervical spine injury of 2/24/14. Past history of care with [REDACTED] I included completion

of 6 visits and cervical MRI which found evidence of degenerative disc diseases cervical spine with bulges. Complaints: cervical, left foot and lower back/left hip. Dx: skull contusion; cervical sprain with acute degenerative changes; chronic lumbar strain; toenail puncture right foot. Plan: patient given an IF unit for home use; topical cream; referred for additional PT and high output laser for cervical/lumbar spine. 4/10/14 PR-2 from [REDACTED]: some improvement noted in the cervical spine; treatment plan illegible. There were no records reflecting a referral for Chiropractic manipulation or additional physical therapy the PR-2 from [REDACTED] dated 4/10/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment for the neck, two (2) times per week for four (4) weeks:** 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 Physical Medicine Guidelines Page(s): 98-99.

**Decision rationale:** The medical records from [REDACTED] and [REDACTED] were reviewed and addressed the injured initial cervical spine trauma and the injured past medical history of lower back and foot trauma. [REDACTED] was the initiator of PT following his initial evaluation which per the injury was of no benefit. It is unclear from the records reviewed when [REDACTED] requested therapy either from an RPT or DC but the California MTUS Guidelines, Chronic Pain Chapter; Physical Medicine, pages 98-99: "Physical Medicine Guidelines allow for the fading of care after an initial 3 sessions with evidence of functional improvement to support care beyond guidelines recommendations. There was no documented evidence that prior to [REDACTED] evaluation of 3/20/14 any functional improvement was reported leaving any further referral for PT directed by a PT or Chiropractor unsupported by CA MTUS Chronic Pain/Physical Medicine Guidelines. The request is not medically necessary.