

Case Number:	CM14-0072396		
Date Assigned:	07/16/2014	Date of Injury:	01/24/2012
Decision Date:	09/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on January 24, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion. Lower extremity muscle strength was rated at 3+/5. Diagnostic imaging studies were not discussed during this visit. Previous treatment includes is unknown a request had been made for eight sessions of chiropractic care with physiotherapy and therapeutic exercise and was not medically necessary on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care with therapeutic exercises and physiotherapy, QTY: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: According to the attached records the previous request for eight visits of chiropractic care was approved. The results of these treatments are unknown. The California Chronic Pain Medical Treatment Guidelines states that evidence of objective functional improvement should be demonstrated after six visits of chiropractic therapy in order to justify continued care. Therefore, this request for chiropractic care with therapeutic exercise in physical therapy for eight visits is not medically necessary.