

Case Number:	CM14-0073319		
Date Assigned:	07/16/2014	Date of Injury:	11/25/2013
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Acupuncture, and is licensed to practice in Texas. 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 injured worker is a 46-year-old male with a reported date of injury on 11/25/2013. The mechanism of injury occurred when the injured worker sustained his injury while he was climbing down from a ladder and the ladder slipped and the he held on with primarily his left upper extremity. The injured worker's diagnoses included cervical disc herniation, right knee chronic tear, and lumbar disc herniation. The injured worker has had previous treatments of acupuncture, physical therapy, and has had six visits of chiropractic therapy. The injured worker had an examination on 07/03/2014 with complaints of pain radiating to his mid-back with swelling, stiffness, and weakness. He rated his pain 8/10. He also complained of right knee pain with weakness and pain to his bilateral shoulders with tingling and numbness. Upon examination, there was tenderness to his right lateral knee with limited range of motion. There was also tenderness to the lumbar with restricted range of motion and paraspinal spasms. There also was tenderness to his cervical spine with limited range of motion. The injured worker had a complete orthopedic evaluation done on 07/11/2014. The evaluation revealed that there was no motor deficit of either extremity. He was able to flex all fingers. Tinel's sign, Phalen's sign, and the Finkelstein's test were all negative bilaterally. Upon this evaluation, the patient was totally asymptomatic and had a normal examination. The injured worker's medication list was not provided. The recommended plan of treatment was for the injured worker to continue taking creams that were prescribed and for chiropractic therapy three times a week for four weeks. The Request for Authorization form was signed and dated for 07/03/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Of Chiropractic Therapy (3x for 4weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Therapeutic.

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

Decision rationale: The request for 12 sessions of chiropractic therapy is not medically necessary. The California MTUS Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. The intended goal for effective manual manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and the return to productive activities. The injured worker completed 6 chiropractic visits prior. There was a lack of documentation and evaluation of objective measurable gains and functional improvements. There was a lack of documentation of functional deficits provided. The guidelines recommend manual therapy with evidence of objective functional improvement up to a total of 18 weeks. The request does not specify as to which body part is to be treated. Therefore, the request for the 12 sessions of chiropractic therapy is medically necessary and appropriate.