

Case Number:	CM13-0063729		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2010
Decision Date:	11/06/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 49 year old female who was injured on 05/10/2010 while she had a fall out of a bus landing heavily on the right side of her body and had persistent problems with the right shoulder, right hip and right hand. PR-2 dated 11/14/2013 documented the patient with complaints of more pain to the neck since last Saturday while she was riding a motorcycle. The neck pain radiates to the upper back and pain is increased with working. She still complains of right hip pain but no anterior right knee pain today. She is taking ibuprofen and has been applying topical patches. She states she tolerates full duty and wants to continue. She has intermittent pain with fast neck turning. At the end of day she has hip pain with long walking. Objective findings on exam reveal range of motion of the left wrist and right wrist is within functional limitation. Motor strength 5/5 in bilateral upper extremities. Sensation is inconsistent. Deep tend reflexes of upper extremities 2+/2+. Cervical spine and lumbar spine range of motion within functional limitations. Right knee and right hip range of motion within functional limitations. Diagnoses: Strain shoulder, trapezius muscle Cervical spine strain/sprain /Trochanteric bursitis Treatment Plan: Chiropractor, focus on pain and inflammatory control; improve pain- free flexibility 1-2 week, total 6 visits. Continue TENS, HEP, ice/heating pad and DWP safety driving.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 chiro treatments neck: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation support additional Chiropractic care of chronic conditions if there is a well-up or flare-up which causes a loss of specific functional capacity. Chiropractic care is also supported if said treatment to date has restored specific functional loss. A series of Chiropractic treatments has been utilized in this case (6 visits). There is no documentation or statement in the record as to what prior functional impairment or loss, i.e. strength, ROM, decrease in pain scale, etc of the cervical spine was restored by said treatment. The guidelines also state there must be a reasonable expectation of some restoration of functional capacity. There is no statement in the records as to what functional capacity will/can be restored by continued/additional Chiropractic treatment, therefore, continued 6 Chiropractic treatment to the neck is not medically necessary.