

Case Number:	CM14-0187819		
Date Assigned:	11/18/2014	Date of Injury:	11/15/2010
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

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 Acupuncture 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 claimant is a 48 year old male who sustained a work related injury on 11/15/2010. Six prior chiropractic sessions were approved on 11/4/2014. Per a Pr-2 dated 10/8/2014, the claimant had a recent AME on 9/30/2014 and was last seen on 9/5/14 for therapy. He had a left CT release on 1/10/14 and finished post-op care in 4/2014. He responded fairly well with CT release and post op care. Two weeks ago, the whole right arm was swollen. Right shoulder is of increased tenderness and decreased ROM (range of motion). His low back pain is persistent with slight pain that intermittently extends down the back of the leg, left leg, stopping at the knee level. The left knee post-operative care still has very sore and tender with weight bearing. There is pain inside his left knee that periodically throbs and he has limited flexion of left knee. His diagnoses are cervicothoracic sprain/strain, neuritis or radiculitis, lumbosacral sprain/strain, lumbosacral neuritis or radiculitis, elbow/forearm sprain/strain, carpal tunnel syndrome, knee and leg sprain/strain, and sleep disturbance. Prior treatment includes surgery, medications, chiropractic, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 3wks Low Back, Left Knee, Right Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant did have prior chiropractic treatments and most recently six authorized treatments with no reported objective improvement. Also, chiropractic is not recommended for the knee and arm. Therefore, the request is not medically necessary.