

Case Number:	CM14-0188888		
Date Assigned:	11/19/2014	Date of Injury:	07/05/2014
Decision Date:	01/07/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/12/2014

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 Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 49 year old female who was injured on 7/5/14 when she slipped and fell down stairs while working as a housekeeper. Her areas of injury included the neck, back, right leg/ankle, right wrist and right shoulder. She was diagnosed with cervical strain/sprain, lumbar strain/ sprain, ankle strain/sprain and wrist strain/sprain. Prior treatment has consisted of medications, physical therapy and chiropractic manipulation. The amount of treatment and how the injured worker responded to care using objective measurable gains in functional improvement is not well documented. There are no MRI's available for review. The doctor is requesting 8 chiropractic visits of manipulation, physical therapy and myofascial release at 2 times per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Visits (Conservative Chiropractic, Adjunctive Physiotherapy, Myofascial, Range of Motion Exercises, Electrical Stimulation, Soft Tissue Mobilization (2 times a week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Guidelines, Trans. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Manipulation, Cervical Strain, Physical Therapy, Low Back, Manipulation, Chiropractic Guidelines, Physical

Therapy, Ankle & Foot, Physical Therapy, Forearm, Wrist & Hand, Manipulation,
Physical/Occupational Therapy

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

Decision rationale: According to the MTUS Chronic Pain Guidelines listed above, manipulation of the low back is recommended as an option of 6 trial treatments over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. Also as previously discussed, it is not clear how many treatments have been used already for this injured worker's injuries and how the injured worker has responded using objective measurable gains of functional improvement. Therefore the treatment is not medically necessary.