

Case Number:	CM14-0194676		
Date Assigned:	12/02/2014	Date of Injury:	07/12/2013
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 injured worker is a 37 year old female who reported neck, low back, bilateral shoulder, left wrist and left knee pain from injury sustained on 07/12/13 due to a fall. Electrodiagnostic studies were unremarkable. Patient is diagnosed with late effect sprain/strain, brachial neuritis, sprain of neck, sprain of thoracic region, sprain of lumbosacral region, and contusion of back. Patient has been treated with right shoulder surgery, medication, physical therapy and chiropractic. Per medical notes dated 10/20/14, patient completed 6 sessions of chiropractic and had 30-40% overall improvement with this course of care. Patient reports bilateral knee, neck, low back pain. Per medical notes dated 11/18/14, patient complains of persistent neck pain rated at 5-6/10, pain is localized to the right side and radiated to the right hand. She complains of bilateral shoulder pain rated at 6/10 and knee pain rated 10/10. Provider requested additional 6 chiropractic sessions which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physio therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per provided medical records, patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions which were non-certified by the utilization review. Per medical notes dated 10/10/14, patient completed 6 sessions of chiropractic and had 30-40% overall improvement with this course of care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 chiropractic visits are not medically necessary.