

Case Number:	CM14-0197152		
Date Assigned:	12/02/2014	Date of Injury:	10/03/2014
Decision Date:	02/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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 Chiropractor (DC), and Acupuncturist 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 patient is reported to be a 45 year old male who sustained injury to multiple regions following a 10/3/14 date of injury. The claimant reported being struck by a truck backing up; he was thrown to the ground landing on both hands and struck the left side of his face on the ground. [REDACTED] initial evaluation requested diagnostics and referral for CT and dental consultation; home comfort measures recommended. On 10/9/14 PT was recommended with modified duty. On 10/16/14 an orthopedic evaluation was completed by [REDACTED], MD; cervical/lumbar sprain/strain was reported. Eight visits of Chiropractic care was recommended along with consultations/medication. He was then seen by [REDACTED] on 10/29/14. [REDACTED] diagnosed cervical, thoracic and lumbar myoligamentous soft tissue injuries, left ankle strain and headaches; 12 sessions of Chiropractic care was recommended. On 11/11/14 a UR determination denied the request for 12 Chiropractic visits recommending 6 of 12 sessions based on the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic Visits and Physiotherapy: 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 and 59.

Decision rationale: The patient is reported to be a 45 year old male who sustained injury to multiple regions following a 10/3/14 date of injury. The claimant reported being struck by a truck backing up; he was thrown to the ground landing on both hands and struck the left side of his face on the ground. Clinical evidence of medical necessity for treatment was well established by the initial urgent care physician, [REDACTED] and [REDACTED] despite the request for Chiropractic care exceeding ACOEM/CAMTUS Treatment Guidelines for the number of visits for an initial plan of care. Guidelines recommend: 6 visits versus the 12 requested. The UR determination of 11/11/14 that denied the 12 sessions of Chiropractic manipulation/physiotherapy was appropriate and consistent with reported treatment guidelines. Therefore, this request is not medically necessary.