

Case Number:	CM14-0198463		
Date Assigned:	12/08/2014	Date of Injury:	03/23/2006
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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, 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 60 year old female who was injured on 03/23/06 when she fell. Her areas of injury are both knees, left ankle, left wrist, left shoulder and back. Her diagnosis are Chronic Cervicalgia, Cervical DDD, Left shoulder impingement syndrome, Chronic back pain, cervicogenic headaches, left upper extremity brachial plexopathy, left knee chondromalacia patella, left ankle sprain, left elbow sprain, left wrist sprain, left rotator cuff and labral tears per MRI. Treatment has consisted of medications, nutritionist, home neck traction and 6 chiropractic treatment approved on 8/25/14. The patient was P&S on 5/10/11 and received a WPI of between 8 to 13%. The doctor has requested Chiropractic treatment with no specific amount of treatment or time frame or areas of injury to be treated. The UR report states that the request is for 6 additional chiropractic treatments and physical therapy sessions. The UR doctor denied treatment due to no objective measurable gains in functional improvement being documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS Chronic Pain Guidelines the doctor needs to show objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities in order to receive more treatment. The request for treatment needs to give type of treatment, amount of treatment, time frame, and areas to be treatment as well. MTUS also states that chiropractic treatment is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. The request for Chiropractic treatment is not according to the above guidelines and therefore is not medically necessary.