MAXIMUS Federal Services

Case Number:	CM14-0199509		
Date Assigned:	12/09/2014	Date of Injury:	05/20/1993
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 67 year old female who suffered an unknown work related injury on 05/20/1993. Per the physician notes from 08/07/14 she complains of intermittent slight pain of the right neck, upper back and right shoulder radiating to the right upper arm. She continues home measures of ice, TENS unit, and OTC meds to provide temporary relief. Exam reveals tenderness and derangements of C5-6, T3-4, and C1. Palpable muscle spasms have been decreased by 50% and all ROM was noted to be improved by 75%. Diagnoses include strain/sprain of the right shoulder, cervical and thoracic spines. The plan was additional 6 chiropractic visits for this exacerbation, involving manual manipulation, mechanical traction, ultrasound, muscle stimulators, and strapping. Of note, the injured worker has been receiving chiropractic treatments since 03/20/2012. The requested treatment is 6 sessions of chiropractic treatment to include manipulation, physical therapy modalities, and ultrasound. This request was denied by the Claims Administrator on 11/20/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment to include Manipulation, Physical Therapy Modalities, and Ultrasound 2 times per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Chiropractic Treatment to include Manipulation, Physical Therapy Modalities, and Ultrasound 2 times per week for 3 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient was certified for 6 sessions of chiropractic treatment with modalities on 1/2/14 and received modified certificatioin of of manual manipulation and PT modalities 2 times a week for 2 weeks on 7/28/14. The documentation does not indicate specific evidence of functional improvement from prior chiropractic treatment. Without evidence of efficacy of prior chiropractic care the request for additional chiropractic treatment with manipulation, physical therapy modalities and ultrasound is not medically necessary.