

Case Number:	CM14-0202794		
Date Assigned:	12/15/2014	Date of Injury:	09/02/2014
Decision Date:	05/01/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 an 18-year-old male, who sustained an industrial injury on 09/02/2014. He has reported subsequent shoulder, elbow, neck and back pain and was diagnosed with shoulder derangement syndrome, arm sprain and strain syndrome, elbow enthesopathy syndrome, cervical myofascial pain syndrome, thoracic myofascial pain syndrome, lumbar and sacroiliac sprain/strain syndrome. Treatment received to date was not noted. The only medical documentation submitted was an examination note from 11/11/2014, which indicated that the injured worker had left shoulder, back, neck, and chest and left arm pain. There was no medical documentation that pertains to the current treatment request for six chiropractic physiotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy Times Six for the Cervical Spine, Thoracic Spine, Lumbar Spine, and left arm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 275, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand, wrist and forearm- Chiropractic.

Decision rationale: Provider requested initial trial of 2x4-chiropractic treatment for cervical, thoracic, lumbar spine and arm pain, which was modified to 6 chiropractic sessions for cervical, thoracic and lumbar spine and non-certified for arm pain. Per guidelines, 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore, ODG and ACOEM guidelines do not recommend Chiropractic for arm pain. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.