

Case Number:	CM14-0213046		
Date Assigned:	12/30/2014	Date of Injury:	04/29/2012
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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 patient is reported to be a 53 year old female with a 4/29/12 date of injury; claimant reportedly was injured while vacuuming stairs, lost her balance and fell injuring her right shoulder and left ankle. Records reflect adjuster acceptance of the cervical spine. Through 9/4/14 the patient has received 24 sessions of post-operative PT. On 11/12/14 a request for additional PT 12 sessions was denied. Additional Chiropractic care was requested per RFA dated 11/26/14. The request did not identify the area of requested care or whether care was being request for the post-operative shoulder. 12 additional visits were denied; a modified plan of care 6 sessions was recommended. CAMTUS Chronic Treatment Guidelines were offered as criteria for denial of the 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the cervical spine for (3x4) 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The patient is reported to be a 53 year old female with a 4/29/12 date of injury. The medical report of 10/24/14 offered evidence of cervical spine complains with no prior history of care to the reported region. Although the region was accepted, through 10/24/14 the regions was not addressed as symptomatic. The request for Chiropractic care, 12 sessions exceeded the CAMTUS Chronic Treatment Guidelines that recommend a trial of care, 6 sessions with evidence of functional improvement prior to consideration of additional care. The UR determination of 12/3/14 acknowledged the past medical history of care, the absence of prior care to the regions of requested care and the patient's presentation with moderate pain and objective evidence of cervical sine deficits. The UR determination to deny the requested 12 sessions was consistent with referenced CAMTUS Chronic Treatment Guidelines that recommend a trial of manual therapy, 6 sessions and evidence of functional improvement prior to consideration of additional care. "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, performed and documented as part of the evaluation and management visit. The denial of 12 sessions of Chiropractic care was reasonable and appropriate and supported by CAMTUS Chronic Treatment Guidelines 2009; 9294.2; pages 58/59: manual therapy and manipulation.