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| Case Number: | CM15-0002975 | | |
| Date Assigned: | 01/15/2015 | Date of Injury: | 12/12/1976 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 01/07/2015 |

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

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 64 year old female who sustained an industrial injury on 12/12/1976. She suffered an automobile accident and sustained injuries to her jaw, teeth, right ear, right ankle, left shoulder, left arm, bilateral knees, neck and upper back. Diagnoses include cervical brachial syndrome, chronic brachial neuritis of the left arm, left shoulder impingement, ulnar nerve subluxation of the left elbow, myofascitis of the neck and upper back, and bilateral patellofemoral syndrome/arthrosis. Treatment has included medications, physical therapy, massage, heat, chiropractic sessions, activity moderation, home exercise program, and the use of orthotics. A physician progress note dated 11/18/2014 documents the patient improves with treatment but then with light activities she has periodic flare ups. She has pain of her right Trans mandibular joint. There is tenderness to palpation and hyper tonicity of the muscles of the neck and right shoulder girdle. The left shoulder is elevated and the ribs on the left side are fixated. Cervical range of motion is painful, especially on the left to all excursions but particularly in left lateral flexion, left rotation and extension. She has pain in her left shoulder and left elbow. The treating provider has requested 3 Chiropractor Visits (including Physiotherapy, spinal manipulation and myofascial release). On 12/02/2014 the Utilization Review non-certified the request for 3 Chiropractor Visits (including Physiotherapy, spinal manipulation and myofascial release), citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Chiropractor Visits (including Physiotherapy, spinal manipulation and myofascial release): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with complains of pain in the neck and right shoulder girdle from an injury that was 38 years ago. Reviewed of the available medical records showed the claimant has recently completed 4 chiropractic visits, however, there is no evidences of objective functional improvement. In this case, the treating doctor progress report dated 11/18/2014 noted the patient improves with treatment but then with light activities she has periodic flares ups. While MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, the guidelines do not recommend maintenance care. Therefore, the request for 3 chiropractic visits is not medically necessary.