

Case Number:	CM15-0007210		
Date Assigned:	01/26/2015	Date of Injury:	10/04/2014
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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 39 year old male, who sustained an industrial injury on 10/4/2014. He has reported back, neck, right lower extremity, and left shoulder/right wrist pain after a fall. . The diagnoses have included back sprain/strain, thoracic sprain/strain, lumbar strain/sprain, thoracic/lumbar radiculitis, and shoulder strain/sprain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and chiropractic treatment. Currently October 2014, the IW complains of continued pain rated 5-7/10 VAS to cervical spine, lumbar spine, left shoulder and right wrist, associated with right lower extremity numbness. Chiropractic care documented as helpful with relief of symptoms. Plan of care for continued chiropractic care, shoulder injection, and continued Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxer as ordered. Documentation submitted for review included three chiropractic treatment notes, however, did not include documentation of functional improvement from the initial treatment or at the end of care. On 12/23/2014 Utilization Review non-certified twelve (12) chiropractic visits for lumbar spine and left shoulder, three (3) times a week for four (4) weeks, noting the chiropractic treatment notes dated 11/17/14, 11/18/14, and 11/19/14, were illegible. The MTUS Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of chiropractic manipulation 1-2 regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 x 4 to lumbar spine & left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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 effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The claimant presented ongoing left shoulder and low back pain despite previous treatments with medications, shoulder injection, and chiropractic. Reviewed of the available medical records showed the claimant has completed at least 3 chiropractic treatments with some improvement in pain and mobility. However, there is no changes in physical exam findings, no objective functional improvement. The request for additional 12 chiropractic treatments to the lumbar and the left shoulder also exceeded the ODG guidelines recommendation for shoulder treatment. Therefore, based on the guidelines cited, additional chiropractic therapy is not medically necessary.