

Case Number:	CM15-0007268		
Date Assigned:	01/22/2015	Date of Injury:	05/03/2012
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
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: New Jersey

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 40-year-old female who reported an injury on 05/03/2012. The injured worker underwent an MRI of the right shoulder, lumbar spine, cervical spine, right hip, right knee, and left knee. The mechanism of injury was the injured worker was assaulted by a student. Prior therapies included 12 physical therapy treatments in 2012. The injured worker was noted to undergo a left carpal tunnel surgery in 2008. The documentation of 01/07/2015 revealed the injured worker did not have any chiropractic sessions after 08/25/2014. The injured worker had complaints of right hip pain, low back pain, and chronic neck pain. The injured worker indicated that the request for chiropractic sessions should have been for initial consultation and treatment, not for additional sessions. The injured worker was in the office for a right hip greater trochanter bursa injection. The injured worker indicated when she was getting her MR arthrogram, the clinician removed some fluid in her hip/groin prior to putting the contrast in and the aspiration relieved the pain. The injured worker was requesting a special mattress and lumbar support for her car. The medications were stated to be none. The physical examination revealed tenderness in the paravertebral musculature and trapezius. The injured worker had decreased range of motion in lateral bending and rotation. The injured worker's reflexes in the bilateral shoulders were 1+/2 for the biceps, triceps, and brachioradialis. The injured worker had diminished sensation of nerves in the distribution of the ulnar nerve on the right. Sensation was intact to light touch. The injured worker had positive tenderness in the lumbar paravertebral musculature, buttocks, and sciatic notches. The reflexes and motor strength were noted to be normal. The sensation was intact to light touch. The physical examination of the right hip revealed tenderness

in the groin. The injured worker had a positive faber test and fadire test. Sensation was intact. The examination of the bilateral knees revealed the injured worker had patellofemoral joint tenderness. The injured worker had subpatellar pain on compression on the bilateral knees. The diagnoses included peripheral neuropathy, unspecified; knee chondromalacia patella; shoulder impingement/bursitis; sprain and strain, hip and/or thigh; and cervical, lumbar myofascial sprain and strain. The Request for Authorization was for the initial consultation and treatment with a chiropractor for 6 visits. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic six (6) session to the neck, right hip, left arm and 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 Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation submitted for review indicated the request was for an initial therapy. The trial for 6 sessions for the neck, right hip, and left shoulder would be appropriate. However, there was a lack of documentation of clarification indicating whether the treatment for the left arm was for the left forearm, upper arm, or elbow. The treatment is not recommended for the forearm. As such, this request would not be supported. Given the above, the request for outpatient chiropractic 6 sessions to the neck, right hip, left arm, and left shoulder is not medically necessary.