

<b>Case Number:</b>	CM15-0017102		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female sustained a work related injury on 04/17/2014 when she was lifting a baby stroller weighing about 60 pounds with no assistance. She subsequently experienced neck, right shoulder and left shoulder pain. According to a handwritten progress report dated 11/05/2014, the injured worker complained of left foot numbness, unknown etiology and chest pain. She had problems cleaning, vacuuming, grocery shopping and cooking and was paying someone to help her. According to a progress report dated 12/17/2014, the treatment plan included Chiropractic care 12 sessions and Home Health care for 6 weeks. According to a progress report dated 01/21/2015, the injured worker reported pain in the neck, right shoulder and left shoulder. Diagnoses included cervical spine disc bulge, right shoulder internal derangement and left shoulder internal derangement. The injured worker was to remain off work for 6 weeks. On 12/25/2014, Utilization Review modified 12 chiropractic sessions and non-certified unknown home health care for 2 hours a day, 5 days a week. According to the Utilization Review physician guidelines support manipulation for musculoskeletal problems with up to nine visits over eight weeks. In regard to home health, there is no evidence that the injured worker is confined to the home or has or will receive treatment in home. Guidelines cited for this review included CA Chronic Pain Medical Treatment Guidelines, Manipulation and Official Disability Guidelines Chiropractic Guidelines and Neck and Upper Back (Acute and Chronic). For home health services, the Medicare Benefits Manual (Rev.144, 05-06-11) Chapter 7 Home Health Services was referenced. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Physical Medicine Page(s): 58, 98-99.

**Decision rationale:** MTUS does not support chiropractic for chronic conditions as in the current case. Overall MTUS anticipates that this patient would have transitioned to independent active rehabilitation by the timeframe in question. A rationale instead for additional supervised or passive treatment is not apparent. This request is not medically necessary.

**Unknown visits home health care for 2 hrs a day, 5 days a week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7 - Home Health Services, Section 50.2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** MTUS recommends home health services up to 35 hours per week for patients who are homebound and for specific indications for home medical treatment. The records at this time are unclear regarding the frequency or duration or nature of requested home health care, not do the records clearly establish that the patient is homebound. For these reasons the records and guidelines do not establish that the requested treatment is medically necessary.