

Case Number:	CM15-0135889		
Date Assigned:	07/23/2015	Date of Injury:	01/24/2014
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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 51 year old female with an industrial injury dated 01/24/2014. The injury is documented as occurring when she fell down approximately 14 stairs sustaining multiple traumas to the neck, right shoulder, right knee, right lower extremities and right eye. Her diagnoses included degeneration of cervical intervertebral disc, contusion of knee, sprains and strains of unspecified site of knee and leg and sprains and strains of unspecified site of shoulder and upper arm. A comorbid diagnosis was malignant hypertension. Prior treatment included medications, chiropractic treatment and physical therapy. She presents on 06/05/2015 for follow up. She had been attending chiropractic sessions. She noted she was having fewer headaches. She complained of right shoulder discomfort with motion. Physical exam noted decreased range of motion of the cervical spine. She rated pain as constant and moderate in severity. Treatment plan included medications, chiropractic treatment and follow up. The treatment request is for six chiropractic visits for neck, right knee and right shoulder(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Six chiro visits for neck, right knee and right shoulder(s): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The medical necessity for the requested 6 additional chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "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." The claimant has received 24 treatments to date. The requested 6 additional treatments exceed this guideline. Moreover, within the medical information available for review, there is no statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Additionally, the proposed frequency, duration, and time frame exceed the recommendations of MTUS guidelines. Therefore, the medical necessity for the requested 6 additional treatments was not established. The request is not medically necessary.