

Case Number:	CM15-0142468		
Date Assigned:	08/03/2015	Date of Injury:	03/05/2015
Decision Date:	09/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

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 53 year old female, who sustained an industrial injury on March 5, 2015. She reported an injury to her right elbow, right hip, right knee and left ankle during a trip and fall incident. Treatment to date has included diagnostic imaging, physical therapy, and modified work duties. Currently, the injured worker complains of low back pain, right leg pain, right hip pain, right arm pain and headaches. Diagnostic imaging on march 10, 2015 revealed moderate osteoarthritis of the right hip with degenerative tearing of the anterosuperior labrum, mild-to-moderate osteoarthritis of the left hip with probable tearing of the left anterosuperior left labrum, mild tendinosis of the right hamstring and moderate tendinosis of the left hamstring. On physical examination the injured worker has widespread tenderness to palpation extending from the right side of the neck and the right TMJ into the right lower back. She had tenderness to palpation over the iliotibial band on the right side. Her range of motion was limited in the neck and she had full range of motion of the shoulders. She had residual bruising around the right elbow and right knee. Her reflexes were decreased at the right biceps and she had weakness through the right leg. The diagnoses associated with the request include lumbago, fibromyositis and acute stress disorder. The treatment plan includes chiropractic therapy for the lumbar spine, right knee and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times a week for 2 weeks for the lumbar spine, right knee and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Manipulation.

Decision rationale: The claimant presented with ongoing pain in the back, right knee, and right shoulder. Previous treatments include medications, injections, acupuncture, and physical therapy. Review of the available medical records showed no history of chiropractic treatments for this person injury. Although MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for the low back, chiropractic treatment for the knee is not recommended. In addition, ODG suggest 2-3 visits of chiropractic manipulation for the shoulder to show signs of functional improvement. Based on the guidelines cited, the request for 6 chiropractic treatment visits for the lumbar spine, right knee, and right shoulder is not medically necessary.