

Case Number:	CM15-0144324		
Date Assigned:	08/05/2015	Date of Injury:	06/30/2013
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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, Oriental Medicine

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 41 year old female who sustained an industrial injury on 06-30-13. Initial complaints and diagnoses are not available. Treatments to date include medications and a right elbow injection. Diagnostic studies include x-rays. Current complaints include headache, neck, upper and mid back, right shoulder and elbow, right wrist and hand and left foot pain. Current diagnoses include cervical and thoracic sprain and strain with myospasm, right shoulder sprain and strain rule out internal derangement, right elbow sprain and strain rule out internal derangement, right wrist sprain and strain rule out internal derangement, and right hand and left foot sprain and strain. In a progress note dated 06-15-15, the treating provider reports the plan of care as chiropractic treatment, physiotherapy, and kinetic activities. The requested treatments include chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy to the cervical spine, three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 7/1/15 denied the treatment request for a 3x6 (18 visits of manipulation) treatment plan of manipulation to the patient's cervical spine citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reported the patient with examination deficits in the cervical spine and right upper extremity that the provider reported would benefit from manipulative care. The reviewed medical records did not support the medical necessity to exceed CAMTUS Chronic Treatment Guidelines that recommend an initial trial of 6 manipulative sessions versus the 18 requested.