

Case Number:	CM15-0145662		
Date Assigned:	08/06/2015	Date of Injury:	02/10/2015
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 49 year old male, who sustained an industrial injury on February 10, 2015, incurring neck, low back, right ankle, right knee and right hand injuries after an eighteen feet fall. He was diagnosed with right knee sprain, right ankle sprain, left wrist sprain, lumbar radiculitis and cervicalgia. Treatment included physical therapy, chiropractic sessions, activity restrictions, anti-inflammatory drugs, and muscle relaxants. Currently, the injured worker complained of intermittent numbness and pain in the left wrist, fingers, thumb, right ankle and right knee. The treatment plan that was requested for authorization included chiropractic sessions for the cervical, lumbar region, right knee and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 3 weeks for the cervical, lumbar, right knee and right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The medical necessity for the requested 6 treatments was established. The claimant underwent 6 treatments consisting of spinal manipulation and physiotherapy modalities for the lower back and neck in addition to right knee and ankle. There was noted to be improvement in range of motion findings and decreased pain complaints. Given the improvement noted as a result of the initial 6 treatments, medical treatment utilization schedule guidelines would support the requested 6 additional treatments. The request is medically necessary.