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| Case Number: | CM15-0185782 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 10/20/2014 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Chiropractic

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 is a 52-year-old male with a date of industrial injury 10-20-2014. The medical records indicated the injured worker (IW) was treated for closed fracture unspecified part, fibula with tibia; unspecified disorder of the shoulder joint; and neck sprain and strain. In the 8-26-15 progress notes, the IW reported his neck pain was improved by 25% since his last exam on 7-29-15; headache pain was unchanged. He reported increased tolerance for driving, working on a computer and performing most basic activities of daily living. His bilateral shoulder pain remained activity dependent; bilateral wrist and hand paresthesias increased during his work day; right ankle and lower leg pain increased with weight bearing and with driving and was unimproved; and his rib pain was slowly improving. Objective findings on 7-29-15 and 8-26-15 included positive impingement signs at the bilateral shoulders with painful crepitus on passive range of motion. There was tenderness to palpation over the right lateral and posterior elbow and over the radial head. Tinel's and Phalen's tests were positive at the bilateral wrists and at the right ankle. The IW was on modified work duty. Treatments included carpal tunnel injections, which helped his pain for a few days; medications (Celebrex, Ultram ER); a trial of chiropractic treatment (number of sessions was not documented); and physical therapy (12 sessions) for the right ankle. A Request for Authorization dated 8-27-15 was received for eight additional chiropractic treatments. The Utilization Review on 9-3-15 non-certified the request for eight additional chiropractic treatments to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back/Manipulation.

Decision rationale: The patient has received 6 sessions of chiropractic care for his cervical spine injury in the past. The past chiropractic treatment notes are present in the records provided and were reviewed. The treatment records in the materials submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The ODG Neck & Upper Back Chapter recommends up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The past chiropractic treatment notes are not present in the materials provided for review. The ODG Neck and Upper Back Chapter recommends additional chiropractic care for flare-ups "with evidence of objective functional improvement." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the cervical spine are not medically necessary and appropriate.