

Case Number:	CM15-0193487		
Date Assigned:	10/07/2015	Date of Injury:	06/09/2015
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/01/2015

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:

The injured worker is a 64 year old female, who sustained an industrial injury on 6-9-15. The injured worker is undergoing treatment for: cervical spine musculoligamentous sprain and strain with spondylosis and upper extremity radiculitis, bilateral shoulder sprain and strain with tendonitis and impingement, bilateral knee sprain and strain patellofemoral arthralgia and osteoarthritis, lumbar spine musculoligamentous sprain and strain with bilateral sacroiliac joint sprain. On 9-3-15, she reported pain to the neck with radiation into the bilateral arms, bilateral shoulders, bilateral knees, low back, left eye, and headaches. She indicated she had been going to physical therapy through her private physician. Physical examination revealed tenderness and spasm in the neck with a decreased range of motion to the cervical spine, tenderness and spasm in the lumbar spine with a decreased lumbar range of motion, tenderness and decreased range of motion in the shoulders, positive impingement and cross arm testing on the left, and noted subacromial and acromioclavicular crepitus, and tenderness to the bilateral knees with positive mcmurray's and patellar grind testing bilaterally, and noted crepitus bilaterally to the patellofemoral. The patient has not received chiropractic care for the cervical spine injury. Current work status: regular duty. The request for authorization is for: Chiropractic services with exercises, modalities, manipulation, and myofascial release; in house three per week for five weeks to the cervical spine. The UR dated 9-30-2015: modified certification for a trial of six (6) chiropractic visits to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Services With Exercises, Modalities, Manipulation and Myofascial Release in house #15 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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 & Upper Back/Manipulation.

Decision rationale: The patient has not received chiropractic care for her cervical spine injury in the past. The MTUS is silent on manipulation for the cervical spine. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions of chiropractic care over 2 weeks with up to 18 additional chiropractic care sessions over with evidence of objective functional improvement. The PTP requested 15 initial sessions. The UR modified the request and approved an initial trial of 6 sessions. I find that the 15 initial chiropractic sessions requested to the cervical spine to not be medically necessary and appropriate.