

Case Number:	CM15-0198550		
Date Assigned:	10/13/2015	Date of Injury:	07/18/2012
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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 47 year old female who sustained an industrial injury on 07-18-2012. Medical records indicated the worker was treated for back, neck and shoulder strain and a twisted left ankle. In the provider notes of 08-28-2015 the injured worker complains of ongoing severe to moderate pain in the left ankle, frequent moderate pain, weakness and stiffness in the right shoulder that decreased slightly with Chiropractic care ,right wrist pain that is frequent, severe to moderate pain, tingling and soreness that was slightly decreased. She complained of pain in the lower back that was frequent, moderate radiating pain and stiffness that was improving, and left knee frequent moderate pain and stiffness that was slightly improved. Objectively, there was severe palpable tenderness, slight swelling in the mortise joint, and decreased L4-5 dermatome sensations in the left ankle. Range of motion was decreased in all planes. The right shoulder had moderate palpable tenderness, and slightly improved range of motion, but range of motion was still diminished in all planes. The cervical spine had moderate palpable tenderness, but was slightly improved in range of motion (which was still diminished in all planes). The right wrist had decreased range of motion, moderate palpable tenderness, decreased grip strength, and decreased dermatome sensations. The wrist had positive Tinel's and positive Phalen's. The lumbar spine had moderate palpable tenderness, slightly improved range of motion. The left knee had moderate palpable tenderness, and decreased range of motion in all planes. The treatment plan included MRI scans of cervical and lumbar spine, bilateral shoulders, right wrist, and right thumb plus visits of chiropractic care. A request for authorization was submitted for Outpatient spinal manipulation and physiotherapy for 24 sessions to cervical spine, lumbar spine, left ankle, right shoulder, right wrist, and left knee. A utilization

review decision 10-02-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient spinal manipulation and physiotherapy for 24 sessions to cervical spine, lumbar spine, left ankle, right shoulder, right wrist, and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004, and 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, Low Back, Ankle & Foot, Shoulder, Wrist Forearm and Hand/Manipulation.

Decision rationale: The patient has received chiropractic care for her industrial injuries in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. The treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS and ODG do not recommend manipulation for the wrist, knee and ankle. 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." Although there has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed, the 24 sessions requested far exceeds the recommendations of The MTUS and The ODG. I find that the 24 additional chiropractic sessions requested to the cervical, lumbar spine, left ankle, left knee, right shoulder and right wrist to not be medically necessary and appropriate.