

Case Number:	CM15-0200833		
Date Assigned:	10/15/2015	Date of Injury:	03/15/2013
Decision Date:	12/04/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/13/2015

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 67 year old female, who sustained an industrial injury on 03-15-2013. Work status not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for shoulder impingement, wrist contusion, and lumbar sprain-strain. Treatment and diagnostics to date has included chiropractic treatment and medications. Recent medications have included Ketoprofen and Omeprazole. Subjective data (per the most recent progress noted received dated 04-16-2015), included lower back pain. The treating physician noted that the injured worker has completed chiropractic care "which was helping her back symptoms" and ordered another course since she "continues to have unmanageable pain". Objective findings (04-16-2015) included tenderness to palpation to left ankle anterior tibiofibular ligaments with "normal" range of motion. The Utilization Review with a decision date of 09-09-2015 partially approved the request for chiropractic care 3x4 for the left shoulder and lumbar spine to two sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 3 x 4 for the left shoulder: 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 rationale: The medical necessity for the requested 12 chiropractic treatments for the left shoulder was not established. The request was modified to certify 2 treatments upon peer review. The provider reportedly disagreed with this recommendation. The requested 12 treatments clearly exceed medical treatment utilization schedule guidelines with respect to number of treatments and length of treatment. 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." The requested 12 treatments exceed this guideline and are therefore, noncertified. Therefore, the requested treatment is not medically necessary.

Chiropractic care 3 x 4 for the lumbar: 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 rationale: The medical necessity for the requested 12 chiropractic treatments for the lumbar spine was not established. The request was modified to certify 2 treatments upon peer review. The provider reportedly disagreed with this recommendation. The requested 12 treatments clearly exceed medical treatment utilization schedule guidelines with respect to number of treatments and length of treatment. 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." The requested 12 treatments exceed this guideline and are therefore, noncertified. Therefore, the requested treatment is not medically necessary.