

Case Number:	CM15-0206477		
Date Assigned:	10/23/2015	Date of Injury:	01/07/2013
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/21/2015

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:

The injured worker is a 60 year old male with a date of injury on 01-07-2013. The injured worker is undergoing treatment for cervicgia, lumbago, bilateral shoulder pain and strain and left knee pain. A physician Doctor's First Report of Injury dated 09-17-20-15 documents the injured worker complains of neck pain rated 7 out of 10, lower back pain rated 7 out of 10, right shoulder pain rated 8 out of 10, left shoulder pain rated 7 out of 10 and left knee pain rated 8 out of 10. Right and left shoulder have decreased range of motion, and Impingement test, Yergason test and apprehension test are positive. The cervical spine has pain and spasm to the paraspinal and trapezius muscles. Right and left depression test were positive. There is pain at the L3-4 process and right and left paraspinal musculature. Lumbar range of motion is restricted and Kemp's and straight leg raise are positive. His left knee has tenderness to the lateral aspect of the knee joint, patella and popliteal fossa. Flexion and extension are restricted. He is not working. Current or previous treatments were not documented. No diagnostic studies were found in documentation presented for review. The Request for Authorization dated 09-17-2015 includes acupuncture and bilateral upper and lower nerve conduction studies. On 09-29-2015 Utilization Review non-certified the request for initial Chiropractic 2 times a week for 6 weeks cervical, lumbar, left knee, both shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks cervical, lumbar, left knee, both shoulders:
Overturned

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, Low Back, Knee, Shoulder/Manipulation.

Decision rationale: The patient has not received chiropractic care for his industrial injuries in the past. The initial examination report is present in the materials provided and was reviewed. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommends an initial trial of 6 chiropractic care sessions over 2 weeks. The ODG Neck & Upper Back Chapter recommends an initial trial of 6 sessions over 2 weeks with up to 18 sessions with evidence of objective functional improvement. The ODG Shoulder Chapter recommends an initial trial of 9 sessions of manipulation over 8 weeks. The ODG and MTUS do not recommend manipulation for the knee. Since this bundled request includes 3 body regions for which the ODG does recommends manipulation and that this is a request for initial chiropractic sessions I find that the 12 initial chiropractic sessions requested to the cervical spine, lumbar spine, bilateral shoulders and left knee to be medically necessary and appropriate.