

<b>Case Number:</b>	CM15-0038724		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Oriental Medicine

### 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 67 year old male injured worker suffered an industrial injury on 2/24/2006. The diagnoses were late effects of lumbar sprain/strain, epicondylitis, and lumbosacral and cervical spondylosis without myelopathy. The treating provider reported right hand and right elbow pain. On exam there was decreased cervical and lumbar range of motion with increased muscle hypertonicity and spasms noted along with tenderness. The UR determination of 2/17/15 denied the request for additional Chiropractic care 2x per week for 3 weeks citing CAMTUS Chronic Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extremity Adjustment, Chiropractic Adjustment, Mechanical Traction, Hydrotherapy 2 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59; manual therapy and manipulation Page(s): 58/59:.

**Decision rationale:** The UR determination of 2/1/15 followed a review of the treating physicians PR-2 of 1/21/15. The reviewed medical records failed to address what objective functional improvement was obtained from manipulation/modalities to manage extremity and lower back deficits. CAMTUS Chronic Treatment Guidelines were cited. A review of the submitted clinical records along with the UR determination failed to support continuing Chiropractic care, 7 visits based on a failure to provide objective clinical evidence of functional improvement with care provided through 1/21/15. The UR determination was appropriate. The medical necessity for continuing care was not provided with objective evidence of improvement as required by the CAMTUS Chronic Treatment Guidelines.