

Case Number:	CM15-0044380		
Date Assigned:	03/16/2015	Date of Injury:	03/01/2002
Decision Date:	04/22/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 injured worker is a 36 year old female who sustained an industrial injury on 03/01/2002. Mechanism of injury was repetitive use. Diagnoses include cervicalgia, chronic elbow, shoulder and wrist pain, myofascial pain, pelvic floor dysfunction and thoracic outlet syndrome. Treatment to date has included medications, at least 24 chiropractic treatments, 12 acupuncture sessions, trigger point injections, home exercise program 2 times a week, and she goes to the gym 5 days a week. A physician progress note dated 02/25/2015 documents the injured worker complains of upper body pain. Pain affects her wrists, elbows, and shoulder and trapezius areas. She has full range of motion and has fine motor dexterity. Chiropractic sessions have been very helpful, and have greatly alleviated her constant pain. Treatment requested is for 6 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24-visit maximum prior to this visit. However, the claimant did already have a trial of treatments with no functional improvement. Therefore, further chiropractic visits are not medically necessary.