

<b>Case Number:</b>	CM15-0044872		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 52 year old male, who sustained an industrial injury on June 24, 2014. The injured worker was diagnosed as having cervical and lumbar sprain/strain, degenerative disc disease (DDD) and radiculitis and bilateral shoulder rotator cuff impingement syndrome. Treatment and diagnostic studies to date have included chiropractic physiotherapy pain management and medication. A progress note dated December 29, 2014 the injured worker complains of neck pain traveling to shoulders with numbness and tingling in the hands, low back pain that travels down legs with numbness and tingling in knees and groin pain. Physical exam notes tenderness of paraspinal area with spasms of trapezius muscles and reduced and guarded range of motion (ROM). Hawkin's - Kennedy test and Neer's impingement is positive on the left. The lumbar spine is tender and guarded with decreased range of motion (ROM). Magnetic resonance imaging (MRI) was reviewed. The plan includes continued Chiropractic treatment, pain management and follows up. The UR determination of 2/4/15 denied the request for additional Chiropractic physiotherapy, 1x4 to the cervical /lumbar spine 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:

**Chiropractic Physiotherapy Treatments, 1 time per week for 4 weeks (Cervical/Lumbar Spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

**Decision rationale:** The PR-2 requesting additional Chiropractic physiotherapy 1x4 reports that care is limited to 3 CPT codes, two of which were reserved for physical therapists; there is no indication that the requesting Chiropractor also has a PT license. The additional care was to manage residuals in the cervical, lumbar and left shoulder along with a 1x6 Acupuncture and pain management consultation. Of the 3 requested treatment codes, only exercise would be consistent with Chiropractic application but no evidence was provided why this service is not being provided in a home program of self-managed exercise/conditioning. The UR determination of 2/4/15 to deny Chiropractic physiotherapy was an appropriate determination after a review of the available medical records. The medical necessity for managed exercise 1x4 was not supported by the records reviewed and the CAMTUS Chronic Treatment Guidelines.