

Case Number:	CM15-0051623		
Date Assigned:	03/25/2015	Date of Injury:	01/26/2010
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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 61 year old female, who sustained an industrial injury on January 26, 2010. The injured worker was diagnosed as having chronic thoracic-dorsal spine sprain, cervical degenerative disc disease (DDD), internal derangement of bilateral knees and right knee replacement. Treatment and diagnostic studies to date have included surgery and medication. A progress note dated February 9, 2015 provides the injured worker complains of severe neck and back pain. Physical exam notes guarding, sensory deficits and decreased range of motion (ROM) on the spine. It is noted the injured worker self-paid for chiropractic therapy and the plan includes magnetic resonance imaging (MRI) as spinal condition is worsening. The plan includes medication and Chiropractic therapy. The 2/19/15 UR determination denied the request for 12 Chiropractic visits 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 for Cervical and Thoracic Spine, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The UR determination of 2/19/15 denied the request for additional Chiropractic care, 12 sessions citing CAMTUS Chronic Treatment Guidelines. The patient was being managed for multilevel spinal degenerative changes and symptoms related to a right knee TKA and left knee arthroscopic surgery. The reviewed medical records do not establish the medical necessity for additional Chiropractic care in that prior care was not reported to have provided reportable functional benefit as required by the CAMTUS Chronic Treatment Guidelines. The patient is s/p 20 Chiropractic visits and a unknown number of out-of-pocket Chiropractic visits, again without evidence that prior care was of any reportable benefit. The UR determination to deny requested care was reasonable and consistent with reviewed records and referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.