

Case Number:	CM15-0053863		
Date Assigned:	03/27/2015	Date of Injury:	03/31/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 38 year old female injured worker suffered an industrial injury on 03/31/2014. The diagnoses included cervical, lumbar, right wrist, left wrist sprain/strain, lumbar myospasm, bilateral shoulder impingement syndrome, and right /left carpal tunnel syndrome. The diagnostics included lumbar, thoracic, left elbow and right/left shoulder magnetic resonance imaging. The injured worker had been treated with acupuncture and medications. On 2/3/2015 the treating provider reported mild gait impairment, and pain with tenderness to the cervical, thoracic and lumbar spine, bilateral shoulder and bilateral wrists. The treatment plan included Chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Physiotherapy for the Lumbar Spine and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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 3/10/15 followed a physician request for initiation of Chiropractic care, 8 sessions on 3/6/15. The claimant has recently completed a course of Acupuncture care with no reported evidence of benefit. The denial cited no prior history of Chiropractic care leaving the requested sessions exceeding CAMTUS Chronic Treatment Guidelines. The reviewed records of care applied prior to the 3/6/15 request for Chiropractic care did not reflect any manual or manipulative treatment leaving this request an initial trial of care that per referenced guidelines would be 6 sessions versus the 8 requested. California MTUS Chronic Pain Medical Treatment Guidelines Manual therapy & manipulation recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care "Not medically necessary. Recurrences/flare-ups." Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended