MAXIMUS Federal Services

Case Number:	CM14-0126969		
Date Assigned:	09/16/2014	Date of Injury:	05/13/2011
Decision Date:	10/16/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Upon review of the medical records provided the applicant was a male who sustained an industrial injury that occurred on May 13, 2011 while employed by the [redacted]. The mechanism of injury was not provided. There was no indication of what prior medical treatment has been received as well as the applicants' response and functional improvement. The records indicated this applicant did undergo left shoulder and left knee arthroscopy. Upon review of a prescription for treatment form that is undated, there was a request for evlauation and treatment of chiropractic care. There was a date of injury documented as 5/13/11 and 12/17/13. There was a diagnosis given as cervical spine trapezius sprain/srain, thoracic sprain/strain, bilateral shoulder sprain/strain status post left scope and bilateral knee sprain/strain s/p left scope. In a utilization review report dated 8/1/14, the reviewer deermined the request for chiropractic care evaluation and treatment x8 visits was not medically necessary and non-certified. This was based upon the CA MTUS 2009 chronic pain treatment guidelines. The reviewer indicated there was no documentation of the number ofchiropractor visits completed to date or documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care Evaluation and Treatment x8 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation TWC-19th annual edition, Neck and Upper Back Manpulation

Decision rationale: The MTUS Chronic Pain Treatment Guidelines-chapter manual therapy and manipulation do not address chiropractic treatment to the cervical spine. As per the ODG Chiropractic Guidelines-Neck and Upper Back (Acute & Chronic) Procedure Summary recommends a trial of six visits over 2-3 weeks with documented functional improvement. In addition, a total of up to 18 visits over 6-8 weeks, avoid chronicity. Although, the medical records do not indicate if prior chiropractic treatment has been received as well as the lack of documentation to support the need for chiropractic treatment, the request for 8 x chiropractic care visits exceeds the guidelines for treatment and the guidelines do not allow a modification in treatment. Therefore, the request for chiropractic care evaluation and treatment x 8 visits is not medically necessary and appropriate.