

Case Number:	CM14-0139233		
Date Assigned:	10/14/2014	Date of Injury:	10/12/2012
Decision Date:	11/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 licensed in Chiropractic and Acupuncture and is licensed to practice in California. 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:

The injured worker is a 53 year old female who reported neck and left hip pain from injury sustained on 10/12/12. X-rays of left shoulder revealed osteoarthritis. X-rays of the left hip is normal. Patient is diagnosed with cervical disc displacement, disorder of bursa and tendon in the shoulder region. Patient has been treated with physical therapy and medication. Per medical notes dated 04/29/14, patient complains of neck pain with occasional radiation down her arms. She also complains stiffness, heaviness, and tingling as well as occasional clicking sensations. Pain increases when maintaining her head and neck in the same position. Patient complains of frequent low back pain, which is localized. Pain increases with prolonged sitting, for longer than 4 hours and bending. Pain is 2-3/10. Per medical notes dated 06/06/14, patient returns with improvement in range of motion of left shoulder, she has completed physical therapy. Provider requested 2x4 Chiropractic treatments for neck and left hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 4wks cervical spine and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment Index, 11th Edition (web), 2013, Hip & Pelvis Chapter, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per MTUS Chronic Pain medical treatment guideline, Manual therapy and manipulation, page 58-59: "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 objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". 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. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Provider requested 2x4 Chiropractic treatments for neck and left hip pain. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, the request is not medically necessary.