MAXIMUS Federal Services

Case Number:	CM14-0145728		
Date Assigned:	09/12/2014	Date of Injury:	02/06/2012
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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 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:

According to the available medical records, this is a 54 year old female patient with chronic pain in the cervical, lumbar, thoracic, bilateral shoulders, arms, elbows, wrist, hands, fingers, legs, knees, ankles, feet, internal, respiratory problems, head, headaches, brain, sleep disorder and psych. Date of injury are as follow: 03/01/2010 left knee, 04/01/2010 right knee, 10/01/2011 left shoulder/arm, and cumulative trauma from 01/01/2007 to 02/06/2012. Previous treatments include chiropractic, physical therapy, left knee surgery, medications, IF-4 unit, injections, acupuncture, and home exercise. Progress report dated 06/17/2014 by the treating doctor revealed patient with complaints of neck pain radiating to arms, upper back pain, low back pain radiating to the legs with numbness and tingling, bilateral shoulders pain radiating to the forearms, left arm pain with numbness and weakness, bilateral elbow pain, bilateral wrist pain, bilateral hand pain, bilateral finger pain, bilateral leg pain, bilateral leg pain, bilateral knee pain, bilateral foot pain, intermittent respiratory problems, difficulty falling asleep, stress and anxiety. Cervical spine exam revealed tenderness to palpation over the paracervical, trapezius and suboccipital muslces bilaterally, ROM: flexion 40, extension 60, lateral rotation 70 and lateral bending 40, all with pain. Thoracic spine revealed tenderness to palpation of the paradorsal muscles. Lumbosacral spine exam revealed tenderness and spasm over the paralumbar muscles at all levels, more prominent at the lower levels and spinous process, ROM: flexion 50, extension 25, lateral bending 20, all with pain, SLR positive at 70 degrees with low back pain and bilateral lower extremity numbness. Bilateral shoulders tenderness to palpation of the rotator cuff muscles and upper trapezius muscles bilaterally, Apley's scratch test positive bilaterally, ROM full with pain. Bilateral wrists tenderness to palpation. Bilateral hands tenderness to palpation at all MCP/IP joints, ROM full with pain. Bilateral knees tenderness to palpation, ROM full with pain, positive McMurray's test bilaterally. There are 19 diagnoses given. Chiropractic treatment

plan request is 1x per week for 4 weeks to the cervical, lumbar, bilateral shoulders and bilateral knees. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,(ODG) Chiropractic treatment for neck or low back pain(ODG) Shoulder (ODG) Knee

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

Decision rationale: This patient has had 27 physical therapy visits, 26 chiropractic visits, and 16 acupuncture visits; with most recent 4 chiropractic visits starting 06/03/2014. There is no evidences of objective functional improvement with all those conservative treatment visits, the patient continue to have ongoing pain complaints with multiple body parts and she still remained off work. CA MTUS guidelines do not recommend chiropractic treatments for the knees. Therefore, the request for additional 1x4 chiropractic treatments for the neck, lower back, shoulders and knees is not medically necessary.