

<b>Case Number:</b>	CM14-0166214		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Occupational Medicine 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:

This patient is a 46 year old male who experienced several areas of injury subsequent to a fall on 6/12/14. He has been diagnosed with cervical, thoracic and lumbar musculoskeletal strain and pain. No associated neurological signs or symptoms are reported. He has also been diagnosed with right shoulder impingement, right knee contusion and bilateral fasciitis with a history of a 5th metatarsal fracture. No prior course or trial of chiropractic manipulation is reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic manipulation:** Upheld

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

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

**Decision rationale:** MTUS Guidelines support up to a 6-session trial of manipulative therapy for spinal pain, however additional therapy is supported only if there are subsequent objective improvements in function. Manipulative therapy is not Guideline supported for the wrist, knee, ankle or foot. This request exceeds what is Guideline recommended and there are no unusual

circumstances to justify an exception to the Guideline recommendations. The request for 12 sessions of chiropractic is not medically necessary.