

Case Number:	CM14-0185963		
Date Assigned:	11/13/2014	Date of Injury:	04/27/2014
Decision Date:	12/16/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation 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 sustained an injury on 4/27/14 while employed by [REDACTED]. Request(s) under consideration include Spinal manipulation three (3) times a week for two (2) weeks if improvement obtained, to continue treating another three (3) times per week, for two (2) weeks, for a total of twelve (12) visits. Initial report from chiropractic provider dated 10/9/14 noted the patient with constant severe bilateral knee, right shoulder, lower back, and right wrist pain. Exam showed peripatellar tenderness with decreased range of 120/180 degrees on left and 160/180 degrees on right; positive valgus; right shoulder with tenderness, decreased range, positive Apley's scratch, apprehension and Dugan's tests; lumbar spine with tenderness, decreased range in all planes with positive SLR, Kemp's, Ely's and Milgram's testing with 4+/5 in heel toe walking; right wrist with tenderness, decreased range in all planes, 4+/5 grip strength with positive Phalen's. Diagnoses include lumbar sprain/strain rule out disc bulges; shoulder sprain/strain rule out rotator cuff tear; right wrist with tendonitis rule out CTS, sprain/strain of bilateral knees, tendinitis rule out ligament/cartilage tears and rule out derangement. Treatment included spinal manipulation with physiotherapy x 12 visits. The request(s) for Spinal manipulation three (3) times a week for two (2) weeks if improvement obtained, to continue treating another three (3) times per week, for two (2) weeks, for a total of twelve (12) visits was modified for 6 visits on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal manipulation three (3) times a week for two (2) weeks if improvement obtained, to continue treating another three (3) times per week, for two (2) weeks, for a total of twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Per medicals reviewed, the patient has received authorization for 6 sessions without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury with continued recommendation upon identified improvements. It appears the patient has received at least 6 sessions. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADL or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received a conservative treatment trial; however, remains not functionally changed. The Spinal manipulation three (3) times a week for two (2) weeks if improvement obtained, to continue treating another three (3) times per week, for two (2) weeks, for a total of twelve (12) visits is not medically necessary and appropriate.