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| Case Number: | CM14-0098300 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 11/25/2013 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

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 Nevada. 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 46-year-old gentleman who was reportedly injured on November 25, 2013. The mechanism of injury was noted as a fall off a ladder. The most recent progress note dated July 11, 2014, indicated that there were ongoing complaints of left upper extremity pain as well as pain in the back, right leg and headaches. There was a normal physical examination of both upper extremities. Another physical examination dated July 3, 2014, indicated tenderness at the lateral aspect of the right knee as well as along the cervical and lumbar spine with decreased spinal range of motion and spasms. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy. A request was made for chiropractic care for the cervical spine, lumbar spine and right knee as well as shockwave therapy for the lumbar spine and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiro 3x4 Cervical/Lumbar Spine and RT Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. As the request is for 12 visits of physical therapy, this request for Chiropractic Care For The Cervical Spine, Lumbar Spine And Right Knee is not medically necessary.

Ortho Shockwave L/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shockwave Therapy see also Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Extracorporeal Shockwave Therapy (ESWT) - (updated 7/29/14).

Decision rationale: The Official Disability Guidelines Only supports the use of extracorporeal shock wave therapy for calcific tendinitis of the shoulder. Considering this request for treatments on the lumbar spine, this request for Shock Wave Therapy To The Lumbar Spine is not medically necessary.