

Case Number:	CM14-0210926		
Date Assigned:	12/23/2014	Date of Injury:	10/01/2014
Decision Date:	02/27/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 35 year old male who reported neck, mid-back, low back, bilateral shoulder, right wrist, and right ankle pain from injury sustained on 10/01/14. Patient states that he was rolling up the garage door at work, when the cable broke and the door started to fall; he went to support it causing him pain in multiple body parts. Patient is diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain rule out lumbar IVD, bilateral shoulder sprain/strain, right wrist sprain/strain, and right ankle sprain/strain. Per medical notes dated 11/03/14, patient noted slowing decreasing symptoms with treatment. He rated his neck pain 4/10, low back pain 6/10, right shoulder pain 3/10, left shoulder pain 2/10, right wrist pain 4/10, and right ankle pain 1/10. Examination revealed full range of motion of all affected body parts. Per medical notes dated 11/19/14, patient reports his symptoms have resolved and has returned to full duty. The request was for 3X4 chiropractic treatments for thoracic, lumbar spine and right elbow pain which were modified to 6 by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 3x4 for the Thoracic, Lumbar and Right Elbow: 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) Treatment Workers Compensation TWC, Pain (Acute & Chronic), Manipulation therapy & manipulation

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

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 3X4 chiropractic treatment for thoracic spine, lumbar spine and right elbow which were modified to 6 by the utilization review on 12/04/14. Per medical notes dated 11/19/14, patient reports his symptoms have resolved and has returned to full duty. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. 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, 12 Chiropractic visits are not medically necessary.