

Case Number:	CM14-0211052		
Date Assigned:	12/23/2014	Date of Injury:	03/14/2014
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
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 50 year old female who reported neck, right elbow, mid back, right shoulder and low back pain from injury sustained on 03/14/14 after she suffered a fall while attempting to sit on a chair. Patient is diagnosed with shoulder/arm sprain, lumbar sprain, shoulder region disorder, pain in limb. Patient has been treated with medication and therapy. Per medical notes dated 05/06/14, patient complains of continuous neck pain with pain radiating into the right upper extremity. Pain increases with neck movement, reaching, lifting, and with prolonged sitting and standing. Pain is rated at 7/10. Patient complains of continuous right shoulder and arm pain which is rated at 9/10. Patient complains of frequent right elbow pain rated at 6/10 and frequent upper and low back pain with pain radiating into the bilateral lower extremity. Pain is accompanied with numbness, weakness and burning sensation. Examination revealed tenderness to palpation of the injured areas and decreased range of motion. Provider requested initial trial of 3X4 chiropractic treatment for lumbar spine and right shoulder which was modified to 6 by the utilization reviewer. 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 care 3x4 right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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 right shoulder which was modified to 6 by the utilization reviewer. 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: 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, the request for 3x4 chiropractic visits is not medically necessary.

Chiropractor care 3x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractor Manipulative Therapy.

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 lumbar spine which was modified to 6 by the utilization reviewer. 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: 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, the request for 3x4 chiropractic visits is not medically necessary.