MAXIMUS Federal Services

Case Number:	CM14-0211871		
Date Assigned:	12/24/2014	Date of Injury:	11/20/2012
Decision Date:	02/19/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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: Preventive Medicine, Occupational 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:

This individual is a 44 y/o female who developed right ankle, shoulder, wrist and pan spinal pain subsequently to a slip and fall 11/20/12. She has been treated extensively with conservative care that has included acupuncture, physical therapy and at least 6 sessions of chiropractic. No significant improvements are documented. There is a recent request for 8 sessions of chiropractic to include the ankle, shoulder, elbows, and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on at least 2 issues the request for 8 sessions of chiropractic is inconsistent with Guideline recommendations. Prior chiropractic did not result in any lasting improvements in pain or function. Guidelines do not recommend further chiropractic under this circumstance. In addition, the request includes at least 1 body part (ankle) for which Guidelines

do not recommend chiropractic therapy. The request for chiropractic X's 8 sessions is not medically necessary.