

Case Number:	CM14-0212522		
Date Assigned:	01/02/2015	Date of Injury:	02/15/2013
Decision Date:	02/19/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/18/2014

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, Minnesota
 Certification(s)/Specialty: Chiropractor

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 55 year old male who was injured on 2/15/13 due to work duties with no specific mechanism of injury. He has multiple areas of injury to include the neck, left shoulder and both wrists. The diagnosis are Cervical radiculitis and strain/sprain, left shoulder impingement syndrome and strain/sprain, and bilateral CTS. According to the records The EMG/NCV studies were normal. The Cervical spine MRI(original not available for review) apparently revealed a congenitally small cord, multi-level degenerative changes as well as C5-6 spondylitic Myelopathy. Prior treatment has consisted of medications, splints, left shoulder injection and physical therapy as well as a combination of 87 sessions of acupuncture, chiropractic, and physical therapy with current provider from 5/16/14 to 11/12/14. The exact amount of chiropractic care is not known and how the patient responded to the care using objective measurable gains in functional improvement is not documented. The records indicate that response to the other conservative treatments has not been favorable. The patient has had prior bilateral knee surgeries. The doctor has requested Chirotherapy with no specific amount and no specific time period as well as no specific areas to be treated as there are multiple injured areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation to the low back(or neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total up to 18 visits over 6-8 weeks. There is no objective measurable gains of functional improvement in the records that indicate the patient has responded to previous chiropractic care. There is no specific amount of care requested, no specific time period and no specific areas to be treated. Therefore the chirotherapy is not medically necessary.