

<b>Case Number:</b>	CM15-0002099		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 54 year old female who sustained an industrial injury on 2/6/12. Primary treating physician's progress report dated 10/27/14 reports continued complaints of neck pain, upper and lower back pain, bilateral shoulder pain, left arm pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain, bilateral finger pain, bilateral leg pain, bilateral knee pain and bilateral foot pain. The injured worker states that the prescribed medications, use of home unit, acupuncture and chiropractic treatments are helping but she feels her condition has remained the same at this time. Diagnoses include cumulative trauma disorder cervical and lumbar spine, bilateral shoulders, arms, wrists and hands, multilevel lumbar disc bulges with bilateral neural foraminal narrowing, lumbar spondylosis with degenerative disc disease, degenerative joint disease in bilateral wrists, hands and bilateral knees, fracture right femur post op, medial meniscal tear left knee, tricompartmental chondromalacia left knee, status post medial meniscus tear repair, pain in right knee and calcaneal spur bilateral ankles. Plan of care includes: conservative treatment, MRI of the lumbar spine, EMG/NCS of bilateral lower extremities, Toradol and vitamin B injection, continue medications, chiropractic evaluation and treatment once per week for 4 weeks. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy 1 Time a Week for 4 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The UR determination that denied the treatment request for additional Chiropractic care, 4 sessions to the patients lower back and SI joints cited CAMTUS Chronic Treatment Guidelines. The reviewed medical records addressed the claimant receiving 33 Chiropractic visits 17 of which per post-op. No report of interim flare/exacerbation or aggravation was reported. The request for continued care in the absence of objective clinical evidence of functional improvement is not medically necessary or found in the reviewed reports or supported by CAMTUS Chronic Treatment Guidelines.