

Case Number:	CM15-0016472		
Date Assigned:	02/04/2015	Date of Injury:	06/02/2010
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: Virginia

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 female who reported an injury on 06/02/2010 due to an unspecified mechanism of injury. On 12/19/2014, she presented for a followup evaluation regarding her work related injury. She reported pain down the leg. The physical examination showed tenderness to palpation and pain at the SI and L3-5. It should be noted that the document provided was handwritten and illegible. She was diagnosed with facet syndrome, thoracic sprain and strain, and rib sprain and strain. The treatment plan was for an additional 6 sessions of chiropractic therapy for an unspecified body part. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional six sessions of chiropractic therapy in treatment of unspecified body parts:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59.

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

Decision rationale: The California MTUS Guidelines indicate that chiropractic therapy is recommended for the low back for 6 visits over 2 weeks, and with functional improvement, 18 visits over 6 to 8 weeks. It is not recommended for the ankle; foot; carpal tunnel syndrome; forearm, wrist, or hand; or knee. The documentation provided indicates that the injured worker was symptomatic regarding the leg. The request for additional chiropractic therapy indicates that the injured worker has already been attending chiropractic therapy. Further clarification is needed regarding how many sessions she had completed, as well as her response to those sessions in terms of a quantitative decrease in pain or an objective improvement in function. Also, the body part that chiropractic therapy would be performed on was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.