

Case Number:	CM15-0114029		
Date Assigned:	06/22/2015	Date of Injury:	06/19/2014
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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 27 year old male with an industrial injury dated 06/19/2014. His diagnoses included status post-blunt head injury with loss of consciousness, cervical spine discogenic disease, left shoulder strain/sprain, left wrist tenosynovitis, left hand strain/sprain and insomnia. Prior treatment included chiropractic therapy (helps with activities of daily living), therapy for cervical spine and shoulder and diagnostics. He presents on 05/15/2015 with complaints of headaches as well as pain in the neck and left shoulder. He rates the headaches as 3/10, which has remained the same since last visit. Physical exam reveals tenderness to palpation over the paraspinal muscles. Cervical compression test was positive. Left shoulder tenderness was less than previous visit. Impingement and supraspinatus tests were positive. There was tenderness to palpation of the left wrist, left knee and left hand. The injured worker is placed on temporary total disability from 05/07/2015 until 06/18/2015. Treatment plan included chiropractic therapy for evaluation and treatment of the cervical spine, left shoulder, left wrist, left hand, and left knee 3 times a week for 4 weeks. The treatment request is for chiropractic, cervical spine 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, cervical spine 12 visits: Upheld

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

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; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; 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 6/4/15 UR determination denied the request for additional Chiropractic care, 12 sessions to manage the patient's cervical spine citing CAMTUS Chronic Treatment Guidelines. Reviewed medical reports reflect an unknown number of applied Chiropractic visits prior to the providers request for additional care on 5/7/15. Additionally, the reviewed reports failed to outline with patient objective clinical examination findings reflecting functional gains or improvement in ADL's. The reviewed medical records do not support the medical necessity for additional treatment, 12 sessions of Chiropractic care and do not comply with referenced CAMTUS Chronic Treatment Guidelines that require clinical evidence of functional improvement prior to consideration of additional care.