

Case Number:	CM15-0129327		
Date Assigned:	07/15/2015	Date of Injury:	10/09/1998
Decision Date:	08/12/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/03/2015

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 was a 63-year-old female, who sustained an industrial injury, October 9, 1998. The injury was sustained when the injured worker struck a parked bus in a parking lot. The injured worker sustained injuries to the right shoulder bilateral knees and psyche. The injured worker previously received the following treatments cervical spine x-rays, right knee arthroscopic surgery, right shoulder arthroscopic surgery, chiropractic services, massage therapy, Ibuprofen, Soma and walker with seat. The injured worker was diagnosed with cervical spine degenerative disc disease at level C5-T1 per x-ray, acute bilateral C5-C6 cervical radiculopathy per EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper extremities, right shoulder strain, status post right shoulder arthroscopic and open rotator cuff repair, left shoulder strain, adhesive capsulitis, compensatory to right shoulder impairment, lumbar strain with radicular complaints, bilateral knee injuries with evidence of arthrosis, right great toe crush injury and status post incision and drainage of the great toe fusion. According to progress note of June 23, 2015, the injured worker's chief complaint was severe pain in the neck, low back, bilateral knees and bilateral shoulders. The injured worker reported bilateral shoulder pain with associated numbness, burning, and tingling sensations in the bilateral upper extremities. The injured worker was experiencing radiation low back pain with spasms in the low back and bilateral feet. The injured worker was experiencing clicking and popping of the bilateral knees. The physical exam noted the injured worker walked with a walker with a seat. There was tenderness with palpation of the cervical spine, which extended into the left upper extremity. The injured worker demonstrated limited range of motion in the cervical spine and in the bilateral

upper extremities. The lumbar spine had tenderness with palpation was elicited in the lumbosacral region with associated myospasms. The Myospasms were also noted in the bilateral feet. The injured worker displayed limited range of motion in the lumbar spine. The bilateral knees had tenderness with palpation extending to the ankles. There was restricted range of motion. The treatment plan included 8 chiropractic treatment sessions for the neck, right shoulder, and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic treatment sessions for the neck, right shoulder and bilateral knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58.

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 dated 6/29/15 to deny the request for additional Chiropractic care, 8 sessions to manage residual of neck, right shoulder and bilateral knee deficits cited CAMTUS Chronic Treatment Guidelines to support denial of care. The patient medical history included prior Chiropractic manipulative treatment without documentation that prior applied car to the patients neck, right shoulder and bl knees lead to any documented functional improvement as requires by the CAMTUS Chronic Treatment Guidelines. The medical necessity for additional Chiropractic care, 8 sessions to the neck, rights shoulder and bilateral knee was not supported by reviewed medical reports of CAMTUS Chronic Treatment Guidelines.