

Case Number:	CM15-0175444		
Date Assigned:	09/11/2015	Date of Injury:	03/09/2013
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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

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 58 year old male, who sustained an industrial injury on 3-9-2013. Medical records indicate the worker is undergoing treatment for cervical disc syndrome, cervical radiculopathy, cervical sprain-strain, right rotator cuff tear, right shoulder internal derangement, right knee internal derangement, right knee sprain-strain and headaches. A recent progress report dated 7-30-2015, reported the injured worker complained of neck pain, right shoulder pain rated 8 out of 10, right knee pain rated 7 out of 10 and headaches. Physical examination revealed cervical spine range of motion: extension 50 degrees, flexion 40 degrees, left lateral bending 30 degrees, left rotation 70 degrees, right lateral bending 30 degrees and right rotation 70 degrees. Right shoulder range of motion was abduction 160 degrees, adduction 30 degrees, extension 40 degrees, external rotation 70 degrees, flexion 160 degrees and internal rotation 70 degrees. Right knee flexion was 130 degrees. Treatment to date has included physical therapy and Naproxen. On 7-30-2015, the Request for Authorization requested Chiropractic 2 times a week for 3 weeks. On 8-7-2015, the Utilization Review non-certified Chiropractic 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 6 additional chiropractic treatments was established. On 3/12/2015 [REDACTED], evaluated the claimant and requested 12 chiropractic treatments. On 4/2/2015, [REDACTED] re-evaluated the claimant. The recommendation was for 12 additional chiropractic treatments. On 5/7/2015, [REDACTED] evaluated the claimant for continued neck, right shoulder, and right knee pain. The recommendation was for 6 additional acupuncture treatments and 6 chiropractic treatments. The QME report dated 5/5/2015 from [REDACTED], orthopedic surgeon, indicated that the treatment history is included physical therapy and acupuncture only. There was no indication that the claimant received any chiropractic treatment. The determination was that the claimant was not at maximum medical improvement and that the medical records were incomplete. [REDACTED] reevaluated the claimant on 6/4/2015 for continued complaints and recommended 6 acupuncture and 6 chiropractic treatments. On 7/2/2015, [REDACTED] evaluated the claimant. Again the request was for acupuncture and chiropractic treatment at 2 times per week for 3 weeks. On 7/30/2015 the claimant was reevaluated resulting in a request for 6 chiropractic treatments. This request was denied by peer review based on the rationale that the documentation does not indicate how many treatments the patient has had, if any. There is no indication of the claimant has received any chiropractic treatment prior to this request. The previous reviewer did not have access to the QME report where it was noted that the claimant had only received physical therapy and acupuncture. There is no indication of the claimant has received any chiropractic treatment prior to this request despite multiple requests. Given the absence of any indication that the claimant had received chiropractic treatment prior to this request, and the clinical findings on examination, a clinical trial of 6 chiropractic treatments can be considered appropriate. This recommendation is consistent with MTUS guidelines.