

Case Number:	CM15-0062315		
Date Assigned:	04/08/2015	Date of Injury:	12/04/2014
Decision Date:	05/12/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: Chiropractic

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 44 year old male, who sustained an industrial injury, December 4, 2014. The injured was sustained during a work tactical training. The injured worker suffered soreness to the rib cage and a dislocated rib. The injured worker received the following treatments in the past chiropractic services of 11 sessions, Meloxicam, physical therapy and acupuncture. The injured worker was diagnosed with rib muscle strain. According to progress note of March 18, 2015, the injured workers chief complaint was pain in the right posterior ribs and at the right costosternal junction. The injured worker had been attending 11 chiropractic sessions with some improvement. The physical exam noted tenderness with palpation of the posterior ribs. There was tenderness with palpation to the anterior rib/sternum region. Deep inspiration was without pain. The injured worker had no pain with range of motion. The treatment plan included additional chiropractic services for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received prior chiropractic care for his injuries (12 sessions). The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The patient has injured his rib cage anterior and posterior and thoracic spine. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some improvements with treatment but no objective measurements are listed. The records provided by the primary treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The past chiropractic treatment records are not present in the materials submitted for review. I find that the 6 additional chiropractic sessions requested to the thoracic spine, posterior chest wall and costo-sternal region to not be medically necessary and appropriate.