

Case Number:	CM15-0066046		
Date Assigned:	04/13/2015	Date of Injury:	09/02/2013
Decision Date:	05/21/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/07/2015

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 63 year old, male who sustained a work related injury on 9/2/13. The diagnoses have included lumbar strain/sprain, left shoulder strain/sprain and left knee strain/sprain. The treatments have included MRIs, oral medications and Terocin patches. In the PR-2 dated 2/10/15, the injured worker complains of constant, achy lumbar spine pain. He rates this pain a 7/10. He complains of constant, achy pain in his left shoulder. He complains of constant, dull and achy pain in his left knee. He rates this pain a 6/10. The treatment plan is a request for CMT/Physiotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy for 2x6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 3/2/15 UR determination to deny 12 additional Chiropractic visits cited CAMTUS Chronic Treatment Guidelines. The patient reportedly completed a certified course of manipulation prior to this request for additional care but reviewed medical records failed to address objective clinical evidence of functional improvement following treatment application. The reviewed medical records failed to address objective clinical evidence of functional improvement required by the CAMTUS Chronic Treatment Guidelines. The medical necessity for continued treatment, 12 Chiropractic visits was not supported by evidence of prior functional improvement or comply with prerequisites of continued care per CAMTUS Chronic Treatment Guidelines.