

Case Number:	CM15-0069455		
Date Assigned:	04/17/2015	Date of Injury:	04/07/2014
Decision Date:	05/18/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/13/2015

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 62-year-old female, who sustained an industrial injury on 4/7/14. She reported neck, right shoulder, right forearm and right knee injury. The injured worker was diagnosed as having cervical sprain, shoulder impingement, lumbar radiculopathy and internal derangement of nee. Treatment to date has included chiropractic treatment, oral medications, right shoulder injection and activity restrictions. Currently, the injured worker states she has had an improvement in pain and range of motion of neck and back since previous visit. Physical exam noted spasm of paraspinal muscles and tenderness to palpation of the paraspinal muscles with restricted range of motion; tenderness is also noted to pressure over the right biceps tendon and spasm is present in paraspinal muscles with tenderness to palpation of lumbar area. Tenderness is also noted to pressure over the medial joint line of right knee. The treatment plan included continuation of medications and 12 further chiropractic sessions. The claimant has already received 18 sessions of chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Treatment (12-sessions, 3 times a week for 4 weeks for the neck, low back, right shoulder and right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant has already had 18 chiropractic visits. A request of 12 visits would put him over the 24-visit maximum. Also after 18 visits, only 1-2 visits every 4-6 months are necessary. Therefore, twelve further chiropractic visits are not medically necessary.