

Case Number:	CM15-0079020		
Date Assigned:	04/30/2015	Date of Injury:	12/05/2013
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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 53 year old female who sustained an industrial injury on 12/05/13. Initial complaints and diagnoses are not available. Treatments to date include medications, left ankle surgery, and chiropractic care. Diagnostic studies include a MRI of the lumbar spine. Current complaints include pain in the neck, mid/upper back, lower back, bilateral shoulders, bilateral elbow, bilateral knees, and bilateral ankles. Current diagnoses include cervical and lumbar spine musculoligamentous strain/sprain with radiculitis, thoracic spine musculoligamentous strain/sprain, bilateral shoulder strain/sprain/tendinitis, bilateral shoulder impingement syndrome, bilateral elbow sprain/strain/lateral epicondylitis, bilateral wrist sprain/strain/carpal tunnel syndrome, bilateral ankle strain/sprain, and left Achilles tendinitis. In a progress note dated 02/18/15 the treating provider reports the plan of care as continued chiropractic therapy, medications, and nerve conduction studies of the bilateral lower extremities. The requested treatment is continued chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 bilateral shoulder, elbow, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: The UR determination of 3/20/15 denied the request for 12 Chiropractic visits citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records established the medical necessity for initiation of Chiropractic care consistent with CAMTUS Chronic Treatment Guidelines, 6 sessions followed by objective clinical evidence of functional improvement. The medical necessity for 12 sessions of Chiropractic was not supported by records or guidelines. The request is not medically necessary.