

Case Number:	CM15-0090460		
Date Assigned:	05/14/2015	Date of Injury:	01/23/2014
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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 61 year old female who sustained an industrial injury on 01/23/2014. Current diagnoses include cervical spine disc bulge, lumbar spine disc bulge, left shoulder internal derangement, left elbow strain, right wrist/hand strain, and left wrist/hand strain. Previous treatments included medication management, shoulder surgery, yoga, jacuzzi exercises, and physical therapy. Previous diagnostic studies include an MRI of the lumbar spine. Report dated 04/07/2015 noted that the injured worker presented with complaints that included neck, lower back, bilateral shoulders/arms, left elbow/forearm, and right wrist/hand pain. It was noted that chiropractic has helped in the past to decrease pain and increase mobility. Pain level was not included. Physical examination was positive for tenderness in the lumbar spine and left shoulder, and range of motion is painful in the left shoulder. The treatment plan included requests for physical therapy and chiropractic, and consultations. Disputed treatments include chiropractic treatments 2 times a week for 6 weeks for the cervical and lumbar spine, left shoulder, and bilateral wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 2 times a week for 6 weeks for the cervical and lumbar spine, left shoulder, and bilateral wrists and hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; Chronic Pain Medical Treatment Guidelines; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 4/16/15 denied the treatment request for Chiropractic care, 12 visits to the patient's cervical spine, lumbar spine, left shoulder and bilateral wrists citing CMTUS Chronic Treatment Guidelines. The determination found that following a previous course of Chiropractic care, records did not document progress leaving no clinical support for continued care or compliance with CAMTUS Chronic Treatment Guidelines for additional manual therapy. The reviewed documentation fails to support the medical necessity for continued manipulation to the patient's cervical, lumbar, bilateral wrists/hands with care requested or comply with CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.