

Case Number:	CM15-0097140		
Date Assigned:	05/27/2015	Date of Injury:	03/15/2013
Decision Date:	07/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 67-year-old female, who sustained an industrial/work injury on 3/15/13. She reported initial complaints of low back pain. The injured worker was diagnosed as having shoulder impingement, wrist contusion, and lumbar sprain/strain. Treatment to date has included medication and chiropractic therapy. Currently, the injured worker complains of lower back pain with help with chiropractic care. Per the primary physician's progress report (PR-2) on 4/16/15, examination revealed anterior shoulder was tender to palpation with decreased range of motion and a positive impingement sign, the first dorsal compartment was tender to palpation on the left wrist and joint line was tender to palpation. Resisted dorsiflexion produced pain, lumbar range of motion was restricted along the paravertebral muscles with spasm present, positive straight leg raise bilaterally, and tender tibiofibular ligaments. Current plan of care included continuing medication and chiropractic therapy. The requested treatments include Chiropractic therapy for the left wrist, left shoulder and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 times a week for 4 weeks for the left wrist, left shoulder and low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. The initial peer review resulted in a modification of the request to certify 6 treatments for the lumbar spine. This recommendation was appropriate and consistent with MTUS guidelines. There was no evidence of any significant comorbidities or other factors to suggest that the claimant was an outlier to the guidelines. Therefore, the medical necessity for the requested 12 treatments was not established.