

Case Number:	CM14-0145273		
Date Assigned:	09/12/2014	Date of Injury:	04/13/2011
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69 year old man with a date of injury of 4/13/11. He was seen by his chiropractor on 7/21/14. He had ongoing neck and upper extremity pain with reduction in scores on the neck pain disability questionnaire (15 to 13) and DASH (90 to 77) in a two month period. He had pain with range of motion of his cervical spine said to be decreased. He was said to have improved by 40% in his cervical assessment and 50% in his upper extremity assessment. His chiropractic sessions were aiming to relieve pain, decrease inflammation, decrease muscle spasm and improve function and range of motion. There are prior records indicating that he had been receiving chiropractic care since at least 2/14. His diagnoses include sprain/strain of the shoulder/upper arm, spasm of muscles and edema. At issue in this review is the request for additional chiropractic care to include manipulation and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation to the neck #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care has been ongoing since at least February 2014 with minimal improvements on standardized scales. The records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity additional Chiropractic Sessions, therefore this request is not medically necessary.

Chiropractic manipulation to upper extremities #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care has been ongoing since at least February 2014 with minimal improvements on standardized scales. The records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of additional session's chiropractic therapy Therefore, this request is not medically necessary.

Manual therapy Techniques #7: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration is said to be 8 weeks and care beyond 8 weeks may be indicated for certain

chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this injured worker, chiropractic care has been ongoing since at least February 2014 with minimal improvements on standardized scales. The records do not indicate that he is not able to return to productive activities or that he is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of additional sessions therefore, this request is not medically necessary.