

Case Number:	CM13-0002162		
Date Assigned:	11/27/2013	Date of Injury:	11/21/2010
Decision Date:	01/27/2014	UR Denial Date:	07/07/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a Licensed Chiropractor and is licensed to practice in California. 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 physician 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:

According to the medical records, this patient presented with a multitude of symptoms. CA MTUS guidelines do not recommend chiropractic manipulation for chronic Ankle & Foot pain, Carpal tunnel syndrome, Forearm, Wrist, & Hand pain and Knee. The guidelines, however, recommendation for low back is a Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The request for 8 chiropractic visits exceeded the guideline recommendation and therefore, it was NOT medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic visits between 5/20/13 and 8/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Manual therapy & manipulation.

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

Decision rationale: According to the medical records, this patient presented with a multitude of symptoms. CA MTUS guidelines do not recommend chiropractic manipulation for chronic Ankle & Foot pain, Carpal tunnel syndrome, Forearm, Wrist, & Hand pain and Knee. The guidelines, however, recommendation for low back is a Trial of 6 visits over 2 weeks, with

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