

Case Number:	CM13-0011650		
Date Assigned:	09/23/2013	Date of Injury:	06/28/1978
Decision Date:	01/13/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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 physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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.

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 underlying date of injury in this case includes cumulative dates 06/28/1978 through 08/31/2003. Treating diagnoses include overuse syndrome/repetitive trauma to the upper extremities, bilateral carpal tunnel syndrome status post bilateral carpal tunnel releases, de Quervain syndrome bilaterally, resolved musculoligamentous strain, cervical bulge, and a history of lumbar spine symptoms with no significant clinical findings. A prior physician review noted that this patient had a flare of symptoms and that the current request for additional chiropractic treatment was not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 times per week for 2 weeks (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Manual Therapy and Manipulation, page 58, states regarding the low back, "Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months." The current request for 6 chiropractic treatments exceeds these guidelines. The medical

records do not provide a rationale for an exception to these guidelines. This request is not medically necessary.