

Case Number:	CM13-0030373		
Date Assigned:	11/27/2013	Date of Injury:	05/16/2008
Decision Date:	01/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 Chiropractic care 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 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:

According to the available medical records, this is a 64 year old female patient with chronic neck, thoracic, lumbar, shoulders and wrists pain, date of injury 05/16/2008. The previous treatments include medications, occupational therapy, chiropractic, physical therapy, acupuncture, and surgery to the right medical epicondylectomy, ulnar nerve decompression, right third and fourth A1 pulley release and right thumb IP arthrotomy, cyst and spur excision, surgery of the right 4th finger and left carpal tunnel release with Neuro wrap and Guyon's canal release. The PR-2 report dated 01/08/2013 by [REDACTED] revealed patient under chiropractic treatments for 2x4; another PR-2 dated 04/09/2013 by [REDACTED] noted patient under chiropractic treatment 2-3x per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-59.

Decision rationale: The review of the available medical records shows that the patient had been receiving chiropractic care previously and most recently 01/2013 thru 04/2013. Although there is no records of the number of visits the patient had been to and there is no evidence of objective functional improvement documented. Therefore, the request for Chiropractic treatment 2 x weeks for 6 weeks is not medically necessary.