

Case Number:	CM13-0039346		
Date Assigned:	12/18/2013	Date of Injury:	10/11/2012
Decision Date:	03/17/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 & 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. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: According to the records made available for review, this is a 39-year-old male with a 10/11/12 date of injury. At the time of request for authorization for three chiropractic visits between 9/16/2013 and 11/4/2013, there is documentation of subjective (neck pain radiating to the right shoulder along with right hand and wrist pain) and objective (decreased cervical range of motion, decreased right thumb range of motion, decreased right wrist range of motion, and positive mild spasm and tenderness on the posterior cervical paravertebral muscles) findings, current diagnoses (right hand fracture and dislocation, cervical sprain/strain, cervical radiculopathy, right elbow medial epicondylitis, right elbow lateral epicondylitis, and late effects of dislocation), and treatment to date (9 chiropractic treatment visits, physical therapy, and medications). There is no documentation of objective improvement with previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) chiropractic visits between 9/16/2013 and 11/4/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): p. 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p. 173, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Manual Therapy & Manipulation Page(s): p. 58.

Decision rationale: The MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, the MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of right hand fracture and dislocation, cervical sprain/strain, cervical radiculopathy, right elbow medial epicondylitis, right elbow lateral epicondylitis, and late effects of dislocation. In addition, there is documentation of 9 chiropractic treatments completed to date. However, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for three chiropractic visits between 9/16/2013 and 11/4/2013 is not medically necessary.