

Case Number:	CM13-0040324		
Date Assigned:	12/20/2013	Date of Injury:	06/11/2012
Decision Date:	02/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 Chiropractic & Acupuncture 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:

Claimant is a female who was involved in a work related injury on 6/11/2012. She has severe right sided sharp aching numbing pain from the right wrist to the right hand that is constant and daily. She also has right shoulder pain. Her diagnoses are right carpal tunnel syndrome, cervical spine and lumbar spine strain/strain. She has decreased range of motion in the right wrist and positive Tinel's and Phalen's test with decreased sensation of median nerve innervated digits. Prior treatment includes physical therapy, bracing/splinting, chiropractic and cortisone injection. The provider is requesting twelve chiropractic sessions as post operative therapy after right carpal tunnel release surgery. The claimant had six prior chiropractic sessions from 5/28/13-6/19/13. On 6/12/13, the chiropractor notes that the claimant has less pain and has increased range of motion in the neck after the adjustment. However, reports from her primary treating physician had no change in subjective and objective findings on 5/8/13 and 8/13/13. 4 additional chiropractic sessions were certified on 10/8/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 x 4 for the neck, right shoulder, b/l wrist.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant had a subjective increase of cervical range of motion after six visits and four additional sessions certified. There is not documentation of completion or of functional improvement from those four additional chiropractic sessions. If this is a request for twelve sessions rather than four sessions, there is very limited improvement to justify twelve sessions of chiropractic at once. Therefore further chiropractic is not medically necessary.