

Case Number:	CM13-0056264		
Date Assigned:	12/30/2013	Date of Injury:	07/08/2013
Decision Date:	05/02/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 licensed in Chiropractic, and is licensed to practice in Texas. 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:

The injured worker is a 59-year-old female who reported an injury on 7/8/13. The mechanism of injury was not provided. The injured worker is currently diagnosed with a right ankle sprain/strain, lumbar disc bulge, facet arthropathy and bilateral knee sprain/strain. The injured worker was evaluated on 11/22/13. The injured worker reported persistent pain in the lower back with activity limitations. Physical examination revealed tenderness to palpation of the bilateral wrists, decreased sensation in the right median nerve distribution, spasm in the cervical spine, and decreased range of motion. Treatment recommendations included a request for chiropractic therapy twice per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT WITH EXERCISES AND MODALITIES TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE NECK, BILATERAL ELBOWS, SHOULDERS, AND WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: The California MTUS guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. Treatment for the forearm, wrist and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.