

Case Number:	CM13-0059184		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2007
Decision Date:	05/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	10/02/2013

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 a Board Certified Chiropractor, 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 52-year-old female who reported an injury on 06/20/2007, after a slip and fall. The injured worker's treatment history included medications, physical therapy, activity modifications, surgical intervention, and steroid injections. The documentation of 10/03/2013 revealed the injured worker had increased difficulty with the hands. The injured worker had complaints of right wrist pain, left wrist pain, bilateral shoulder pain, neck pain, low back pain, and bilateral elbow pain. The physical examination revealed decreased range of motion in the cervical spine and lumbar spine. Diagnoses included right shoulder contusion and significant strain; left wrist and hand contusion; bilateral lateral epicondylitis, right greater than left; lumbosacral contusion and strain, persistent symptoms; cervical strain with persistent symptoms; and bilateral shoulder strain with persistent symptoms. The recommendation and plan was for chiropractic and physical therapy, a surgical hand consult, an MRI of the cervical spine, naproxen, tramadol, Pennsaid, Bio freeze, Sombra, omeprazole, and a follow-up

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) CHIROPRACTIC TREATMENTS: 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 Page(s): 58-59.

Decision rationale: California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if it is caused by musculoskeletal conditions. For the low back, therapy is recommended for a therapeutic trial of 6 sessions and is not recommended for the wrist and hand. The clinical documentation submitted for review failed to indicate the necessity for 10 chiropractic treatments. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 10 chiropractic treatments is not medically necessary.