

Case Number:	CM13-0060994		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2013
Decision Date:	04/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 patient is a 38-year-old female who reported an injury on 07/26/2013, due to cumulative trauma while performing normal job duties. The patient's treatment history included physical therapy. The patient's most recent clinical evaluation dated 10/18/2013 documented that the patient had persistent right upper extremity pain complaints. Evaluation of the patient's right upper extremity did not provide any evidence of deficits that would benefit from chiropractic care. The patient's diagnosis included synovitis/tenosynovitis. The patient's treatment plan included physical therapy supervised by a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services, amount and frequency/duration unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines recommend continued active physical therapy be based on documentation of functional improvements. The clinical documentation submitted for review does indicate that the patient previously received physical therapy.

However, there is no documentation of functional improvement. Additionally, the request as it is submitted does not specifically identify the requested services or intended duration and frequency of treatment. Therefore, it would be considered a vague request, and the appropriateness of the requested services cannot be determined. As such, the request is not medically necessary and appropriate.