

Case Number:	CM13-0063333		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2012
Decision Date:	05/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 39-year-old female who sustained an injury to her wrist, hand and shoulder when reaching for a piece of paper off a printer on 9/12/12. Since then, she has had continuous pain in these areas with pain at 7/10 on her most recent physician progress report dated 11/04/13. She states that she has been using less medication and that she has been able to be more active and work through her discomfort in performing activities of daily living and that the chiropractic care has made her feel much better. Aside from vital signs, no physical examination is documented on this visit. A follow up visit with an Anesthesiologist / Pain Management specialist dated 11/15/2013 clearly demonstrates greatly improved range of motion (mobility). The only area of deficit is in shoulder abduction, which is decreased by 50 degrees in comparison to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY QTY: 8.00: 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 Interventions and Treatments Page(s): 58-59.

Decision rationale: Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. However, aside from the treatment of low back pain, manual therapy, per the Pain Intervention and Treatments portion of the Chronic Pain Medical Treatment Guidelines, is not recommended for other areas of the body. As a result of that distinction, further manipulative treatment is not medically necessary and is not authorized.