

Case Number:	CM14-0000663		
Date Assigned:	01/17/2014	Date of Injury:	05/19/2006
Decision Date:	07/18/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Acupuncture 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 43 year old female with an injury reported on 05/19/2006. The mechanism of injury was not provided. There was no documentation of a medical, physical exam provided. The injured worker had a psychological exam on 04/29/2013 with complaints of depressed mood, sleeplessness, fatigue, poor concentration and memory, anxiety/nervousness, palpitations, restlessness, irritability and worrying about her future. The medication list consisted of Ambien, Celexa and Xanax. Her diagnosis was adjustment disorder due to chronic pain with mixed anxiety and depressed mood. There was no documentation provided regarding the need for chiropractic care of the hands bilaterally. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE OF THE BILATERAL HANDS, TWICE PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): , 58 - 59.

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

Decision rationale: There was no physical exam to review. There is lack of evidence of prior treatment, pain management or diagnoses pertaining to the hands. The California MTUS Guidelines do not recommend manual manipulation for carpal tunnel syndrome, nor for the forearm, wrist and hand. Therefore the request for chiropractic care is not medically necessary.