

Case Number:	CM14-0003547		
Date Assigned:	01/31/2014	Date of Injury:	07/09/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Chiropractic Care 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 25-year-old male with a reported date of injury on 07/09/2012. The mechanism of injury was reported as a work related motor vehicle accident. The physical exam revealed a positive left Finkelstein test, positive left intersecting test, left wrist tendonitis, decreased sensation at the left median nerve, positive Phalen and median nerve compression, left carpal tunnel syndrome, and traumatic brain injury. According to the clinical note dated 11/18/2013, the injured worker has completed eighteen (18) sessions of physical therapy and eighteen (18) sessions of acupuncture. The injured workers diagnoses included traumatic brain injury, left forearm hyper pigmented burn scars, left carpal tunnel syndrome, left de Quervain's disease and intersection syndrome as well as left flexor carpi radial tendinitis. . The injured worker's upper extremity range of motion was documented at "normal" and motor strength was "normal". The injured workers medication regimen included Terocin lotion, docusate sodium, cyclobenzaprine, Lisinopril-hydrochlorothiazide, Norco and Ambien. The request for authorization of chiropractic treatment for twelve (12) sessions, two (2) times a week for four (4) weeks for the cervical, thoracic and lumbar spine was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT FOR TWELVE (12) SESSIONS, 2 TIMES A WEEK FOR 4 WEEKS FOR THE CERVICAL, THORACIC AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 58

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION, PAGE 58

Decision rationale: The Chronic Pain Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate the progression in the patients therapeutic exercise program and return to productive activities. The guidelines also recommend a trial of six (6) visits over two (2) weeks. With evidence of objective functional improvement, a total of up to eighteen (18) visits over six to eight (6-8) weeks is recommended. The clinical documentation provided stated that the injured worker has completed eighteen (18) sessions of physical therapy and eighteen (18) sessions of acupuncture. There is a lack of clinical documentation related to functional deficits and the effects of previous therapies. Furthermore the request for is unclear as to the actual number of sessions being requested, the request states twelve (12) sessions at two (2) sessions per week for four (4) weeks, adding up to eight (8) sessions. The request exceeds the recommended guidelines. Therefore, the request is not medically necessary.