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| Case Number: | CM14-0005979 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 12/01/2010 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 and is licensed to practice in California. 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:

According to the available medical records, this is a 48 year old female patient with chronic left shoulder, wrists and hands pain, date of injury 12/01/2010. Previous treatments include bracing, home exercise, medications, left carpal tunnel release surgery, physical therapy, chiropractic and injections. Progress report dated 12/03/2013 by the treating doctor revealed patient with post-op left carpal tunnel release dated 11/19/2013. Left wrist sutures in place, no draining or sign of redness, bilateral elbows tender on lateral epicondyles. Diagnoses include cervical sp/st, bilateral shoulder sp/st, left shoulder impingement with partial SST tear, bilateral elbow sp/st, left wrist carpal tunnel release, left trigger thumb and bilateral knee sp/st. Treatment plan include medications and 3x4 post/op chiropractic treatments with exercises and modalities. The patient remain on temporarily totally disable for 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT QTY 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: This patient present with status postsurgical treatment of the left carpal tunnel syndrome. CA MTUS guidelines recommend 3-8 visits over 3-5 weeks for post-operative physical therapy. The request for 12 post/op chiropractic visits with exercise and modalities exceeded the guidelines recommendation. Therefore, the request for chiropractic treatment qty:12.00 is not medically necessary.