

Case Number:	CM14-0103476		
Date Assigned:	07/30/2014	Date of Injury:	11/28/2011
Decision Date:	10/03/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old female was reportedly injured on November 28, 2011. The mechanism of injury is noted as repetitive stress. The most recent progress note, dated March 3, 2014, indicates that there are ongoing complaints of cervical spine pain, right shoulder pain, and right wrist pain. There were also concerns about decreased sleep, anxiety, and stress. The physical examination demonstrated decreased cervical spine range of motion with trigger points and spasms. There was a positive Tinel's test and Phalen's test of the bilateral wrists. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, work conditioning, splinting, chiropractic care, and oral medications. A request had been made for chiropractic physiotherapy and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back pain/upper extremity chiropractic, physical therapy

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

Decision rationale: A review of the attached medical record indicates that the injured employee has previously participated in 12 visits of chiropractic care, however the efficacy of this treatment is unclear. According to the California Chronic Pain Medical Treatment Guidelines chiropractic care should be evaluated after a trial of six visits to assess for objective functional improvement. Considering this, this request for chiropractic physiotherapy is not medically necessary.