

Case Number:	CM14-0107234		
Date Assigned:	09/16/2014	Date of Injury:	10/24/2013
Decision Date:	10/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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, has a subspecialty in Acupuncture 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:

The reviewed medical records include a UR determination letter dated 7/8/14 issued as an Appeal of a prior UR determination that denied the requesting Chiropractors request for an additional 8 Chiropractic visits to the patients cervical, thoracic spine and the patients elbow/wrists. The 42 year old was injured on 10/24/13 injuring the right shoulder, elbow, arm and bilateral wrists aggravated by repetitive keyboarding or repetitive forceful use of the right arm. The patient was status post 8 Chiropractic visits at the time of the initial UR determination denying further care. Based on a lack of objective gains further Chiropractic care was denied. The 7/8/14 UR Appeal determination was of the same opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2x4 (cervical/thoracic/elbow/wrists): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient is reported to be a 42 year old was injured on 10/24/13 injuring the right shoulder, elbow, arm and bilateral wrists aggravated by repetitive keyboarding or repetitive forceful use of the right arm. He was initially evaluated by [REDACTED] on 3/5/14.

His prior history of care prior to this initial evaluation included 10-12 physical therapy and occupational therapy visits with not reported evidence of improvement. [REDACTED] requested 8 sessions of Chiropractic care along with work modifications. By 6/12/14 the patient had completed 8/8 visits with [REDACTED] reporting a 25% improvement in pain but no documentation that pain modification led to any functional gains or improvement sufficient to support CA MTUS Chronic Treatment Guidelines criteria for consideration of additional care. Medical Treatment Utilization Schedule--Definitions (f) "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. After review of both the initial UR denial of further Chiropractic care and the UR Appeal determination of 7/8/14, there remains no clinical documentation of functional improvement sufficient to satisfy the CAMTUS Chronic treatment Guidelines requirement of the provider to provide clinical evidence of functional improvement prior to consideration of additional care.