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| Case Number: | CM14-0013878 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 01/07/1998 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/17/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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 Chiropractics, 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 71 year old female with a reported date of injury on 01/07/1998. The injury reportedly occurred from repetitive movement. The injured worker complained of pain to her hands, fingers and wrists bilaterally. The injured worker's diagnoses included pain in wrist, pain and numbness of the hands, diabetes and hypertension. The injured worker's medication regimen included insulin, metformin and Lipitor. The request for authorization for chiropractic care x12 visits for the wrists was submitted; however, it was not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE X 12 VISITS FOR THE WRISTS: 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, MANUAL THERAPY AND MANIPULATION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58.

Decision rationale: Chiropractic is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or

objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. According to the guidelines, manual therapy and manipulation is not recommended for the wrist. As the therapy would not be recommended for the wrists, it would not be indicated. Therefore, the request for chiropractic care x 12 visits for the wrists is not medically necessary.