

Case Number:	CM14-0019557		
Date Assigned:	04/23/2014	Date of Injury:	08/07/2012
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/17/2014

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 Family Practice and is licensed to practice in Tennessee, California, and Virginia. 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 has completed at least 44 sessions of chirotherapy. The California MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. In this case, there is no current, detailed physical examination submitted for review as the most recent clinic note submitted for review is dated 12/18/13. There are no specific, time-limited treatment goals provided. The claimant's compliance with a structured home exercise program is not documented. Therefore, the request for eight additional physical therapy sessions for the right upper extremity is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The injured worker has completed at least 44 sessions of chirotherapy. The California MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. In this case, there is no current, detailed physical examination submitted for review as the most recent clinic note submitted for review is dated 12/18/13. There are no specific, time-limited treatment goals provided. The claimant's compliance with a structured home exercise program is not documented. Therefore, the request for eight additional physical therapy sessions for the right upper extremity is not medically necessary and appropriate.