

Case Number:	CM14-0155140		
Date Assigned:	10/17/2014	Date of Injury:	12/07/2013
Decision Date:	12/02/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The claimant is a 38-year-old female who was involved in a work injury on 2/7/2014. According to the doctors 1st report dated 2/19/2014 from [REDACTED] injury was described as the claimant "states 6 months ago I had pain, tingling, numbness to both hands from wrapping burritos." At the time of the 2/19/2014 evaluation the claimant complained of recurrent bilateral wrist paresthesia. The claimant was diagnosed with wrist sprain, shoulder sprain, elbow/forearm sprain, and cervical sprain. The claimant was prescribed medication and a wrist brace and cold pack. The claimant was placed on TTD status the claimant began a course of physical therapy on 3/5/2014 and was authorized 10 treatments. The claimant then changed treating providers and presented to the office of [REDACTED], with complaints of bilateral hand pain with tingling electric shock, bilateral wrist pain, left shoulder pain, neck and upper back pain with pain into the left arm, stress, depression, and problems with memory. The claimant received 9 chiropractic treatments from 3/18/2014 through 6/10/2014. The provider submitted a request for the 9 retrospective treatments. On 9/5/2014 a peer review was performed by [REDACTED] in which the request was modified to certify 9 treatments from 3/18/2014 through 6/10/2014 for the cervical spine and left shoulder and noncertify treatment for the hands and wrists. There was no rationale for the modification from the peer reviewer to exclude the treatment for the hands and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 9 visits - hands, wrists, shoulder and cervical spine on 3/18/2014 to 6/10/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand/wrist section, manipulation

Decision rationale: The claimant presented to the provider's office on 3/18/2014 complaining of chronic neck, back, and bilateral upper extremity pain. The claimant began a course of chiropractic manipulation and therapy treatments. Through 4/29/2014 the claimant had completed 6 treatments with overall improvement. It was noted that the claimant "is able to do more ADLs and function better. She has subjective and objective improvement and is able to return to work with less restriction." Given the improvement noted as a result of the initial 6 treatments, additional treatment can be considered appropriate. A review of the 6/10/2014 report notes increase grip strength and improvement in overall functional capacity. Given the improvement noted as a result on the 4/29/2014 and 6/10/2014 examinations the requested 9 retrospective treatments can be considered appropriate.