

Case Number:	CM14-0182792		
Date Assigned:	11/07/2014	Date of Injury:	04/13/2010
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/03/2014

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 licensed in Chiropractic & 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:

Claimant is a 35 year old female who sustained a work related injury on 4/13/2010. Prior treatment includes medications, physical therapy, carpal tunnel surgery, injections, right shoulder surgeries. Per a PR-2 dated 10/22/2010, the claimant has a lot of neck pain radiating down to her right shoulder and lateral aspect of right arm. She occasionally gets tingling and numbness in her thumb and index finger. Her diagnoses are failed right carpal tunnel surgery, status post right shoulder decompression and mild disc bulge at C5-C6. She is working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x6 weeks for the bilateral neck: 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 Manual Therapy and Manipulation Page(s): 68-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With

functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. This appears to be a request for an initial trial. However the request exceeds the recommended guidelines for an initial trial. The provider is advised to submit a request of six or less visits for an initial trial. A request of twelve visits is not medically necessary.