MAXIMUS Federal Services

Case Number:	CM14-0192256		
Date Assigned:	11/26/2014	Date of Injury:	10/23/2012
Decision Date:	01/13/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/18/2014

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 injured worker is a 46 year old female who reported upper/mid back and bilateral wrist pain from injury sustained on 10/23/12 due to a slip and fall. There were no diagnostic imaging reports. The patient is diagnosed with thoracic spine sprain/strain, bilateral carpal tunnel syndrome, and right knee internal derangement. The patient has been treated with surgery and medication; any additional treatments were not documented. Per medical notes dated 09/25/14, the patient complains of upper/mid-back pain and stiffness. Right wrist pain with numbness and weakness, associated with grabbing/grasping, gripping and squeezing. She also complains of left wrist pain with numbness and weakness, associated with grabbing/grasping, gripping and pushing. Medical notes fail to document if the patient has had prior chiropractic treatments or if the request is for initial trial of care. The request is for chiropractic treatments twice a week for four weeks which were denied by the utilization review on 10/21/14. The Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Medical notes fail to document if the patient has had prior chiropractic treatments or if the request is for initial trial of care. The request is for chiropractic treatments twice a week for four weeks which were denied by the utilization review on 10/21/14. Per the MTUS Chronic Pain Medical Treatment Guidelines, 4-6 treatments are supported for initial course of chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Furthermore, MTUS guidelines do not recommend chiropractic for the wrist. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled chiropractic intervention. Per guidelines and review of evidence, 8 chiropractic visits are not medically necessary.