

Case Number:	CM14-0024415		
Date Assigned:	06/11/2014	Date of Injury:	05/24/2013
Decision Date:	07/31/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

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 67-year-old female who reported an injury on 05/28/2013 due to repetitive trauma injury to the upper extremities. The injured worker reported pain to the left elbow, left shoulder, and right wrist. The level of pain was not disclosed. The physician diagnosed the injured worker with pain in joint involving multiple sites. The documentation did not include any additional subjective or objective findings for the injured worker. The physician requests chiropractic care for the left upper extremity 3x4. The request for authorization form was signed and dated on 01/27/2014, and made available for review. The rationale was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care For The Left Upper Extremity, three times a week for four weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The request for chiropractic care for the left upper extremity 3 x 4 is not medically necessary. California MTUS Guidelines for manual therapy and manipulation recommend for chronic pain chiropractic care if pain is caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine in the achievement of positive symptomatic or objective measurable gains and functional improvement to facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manual manipulation is manual therapy that moves a joint beyond the physiologic range of motion, but not beyond the anatomic range of motion. For the forearm, wrist, and hand, manual therapy manipulation is not recommended. The injured worker's documentation does not disclose subjective or objective findings. The guidelines also indicate that manual therapy and manipulation or chiropractic care to the forearm, wrist, and hand are not recommended. As such, the request is not medically necessary.