

Case Number:	CM14-0026938		
Date Assigned:	06/13/2014	Date of Injury:	04/23/2013
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neurological Surgery 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 49-year-old female was reportedly injured on April 23, 2013. The mechanism of injury is noted as repetitive lifting, and typing. The most recent progress note, dated March 27, 2014, indicates there are ongoing complaints of neck pain, headaches, shoulder pain, wrist pain, and low back pain. The physical examination demonstrated tenderness along the cervical spine, the bilateral medial epicondyles, and along the lumbar spine. A request was made for chiropractic treatment, acupuncture, and physiotherapy and was not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT #8: Upheld

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

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

Decision rationale: According to the attached medical records the injured employee has previously received chiropractic care. There was no documentation that the injured employee had previously received any improvement from previous chiropractic visits. The efficacy of

these previous chiropractic visits should be noted in order to justify additional chiropractic treatment. This request for chiropractic treatment is not medically necessary.

ACUPUNCTURE TREATMENTS #24: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the attached medical records the injured employee has previously received acupuncture treatments. There was no documentation that the injured employee had previously received any improvement from previous acupuncture treatments. The efficacy of previous acupuncture should be noted in order to justify additional chiropractic treatment. This request for acupuncture treatment is not medically necessary.

PHYSIOTHERAPY SESSIONS #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: According to the attached medical record the injured employee has previously participated in postoperative physical therapy however there is no documentation indicating how much physical therapy the injured employee has accomplished or what benefits were achieved. This information should be provided prior to requesting additional physiotherapy. This request for physiotherapy is not medically necessary.