

Case Number:	CM14-0027689		
Date Assigned:	06/13/2014	Date of Injury:	05/08/2012
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 licensed in Chiropractic, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington and New Mexico 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 36 year old male with an original date of injury of 5/8/12. The mechanism of injury was a repetitive type injury with the injured worker doing data entry work. The injured worker's status is permanent and stationary and is attending school for an MBA degree. MRI on 7/16/12 reported total loss of the cervical curve, increased thoracic kyphosis, and small posterior disc bulges at C7-T1, T1-T2 and C6-7. The injured worker has been diagnosed with cervical sprain/strain, repetitive use disorder and myofascitis. The injured worker has had 12 acupuncture treatments, 9 physical therapy sessions and 6 chiropractic treatments. There has been no documented objective functional improvement in the patient's condition. The patient is improved for a few days after an adjustment, but the same symptoms return to limit the patient's activities of daily living and work experience. The pain is made worse by working on the computer for long periods of time. The disputed issue is a request for 6 additional chiropractic treatments for the neck, right wrist/hand, with sessions 2 times a week for 3 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

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 3 WEEKS, FOR THE NECK, RIGHT WRIST, AND HAND: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines does not support chiropractic manipulation for the wrist/hand. The same guidelines do support a trial of 6 chiropractic visits for conditions related to the spine and allow for additional treatment in the presence of objective, functional improvement. In this case, there has been no documented objective, functional improvement from the Chiropractic treatment provided. The requested Chiropractic treatments for the wrist/hand and neck are not medically necessary.