

Case Number:	CM14-0030006		
Date Assigned:	06/20/2014	Date of Injury:	10/25/2013
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52-year-old female with a date of injury of 10/25/2013. The listed diagnoses per [REDACTED] are: Cervical spine strap sprain/strain with radiculopathy bilateral upper extremity, Lumbar spine sprain/strain bilateral SI joint space/dysfunction with right lower extremity radiculopathy, Bilateral forearm-wrist flex sprain/tendinitis, Bilateral CTS with positive electrodiagnostics and Bilateral knee PFA. According to the progress report 01/16/2014 by [REDACTED], the patient presents with neck, back, bilateral forearm, wrist hand and knee pain. The pain is rated as 6-9/10 on a VAS scale. The bilateral forearm, wrist, and hand pain is associated with numbness and tingling. It was noted the patient has completed 7 sessions of chiropractic therapy and is scheduled to start acupuncture. The provider recommends additional chiropractic sessions once a week for four weeks. Utilization review denied the request on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic with Physiotherapy Modalities (X4): 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 & Manipulation Page(s): 58-59.

Decision rationale: This patient presents with neck, back, bilateral forearm, wrist hand and knee pain. The treater is requesting once a week for four week chiropractic visits. Review of chiropractic therapy report from 01/03/2014 notes, "Patient states more pain." On 12/19/2013, chiropractic report noted "patient was able to do all exercises with same pain." The MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. In this case, prior chiropractic treatments did not produce any functional improvement. The requested additional four chiropractic visits are not medically necessary.