

Case Number:	CM14-0034839		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2013
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 Chiropractor 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 claimant is a 48-year-old male who was involved in a work injury on 6/25/2013. The injury was described as the claimant "was escorting a minor to his cell and after he remove the handcuffs and turned around to walk away, the minor jumped on him with a closed fist, striking him multiple times to the back of the head and neck." On 9/11/2013 EMG/NCV testing of the bilateral upper extremities revealed findings consistent with chronic left C7 nerve root irritation and entrapment neuropathy of the ulnar nerve at the left elbow. A 9/16/2013 [REDACTED], reevaluated the claimant and requested 4 acupuncture treatments. The claimant was initially authorized a course of 4 acupuncture treatments. On 2/25/2014 the claimant was authorized a left shoulder subacromial injection and 8 sessions of physical therapy. On 1/23/2014 [REDACTED] reevaluated the claimant for continued left shoulder, neck, head, left elbow/forearm, left wrist, and lower back pain. The recommendation was for a course of chiropractic treatment and therapeutic exercise "until he completes 24 treatments of chiropractic care." On 2/25/2014 the claimant was evaluated by [REDACTED], for complaints of neck, head, and left shoulder pain in addition to left elbow pain. The recommendation was for 24 chiropractic treatments. This was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments (up to 24 visits): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines.

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

Decision rationale: The medical necessity for the requested 24 treatments was not established. At the time of this request the CA MTUS guidelines were applicable. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The guideline would support an initial trial of 6 treatments. However, the provider requested 24 treatments clearly exceed California medical treatment utilization schedule guidelines and are, therefore, not medically necessary.