

Case Number:	CM14-0036161		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2007
Decision Date:	08/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 56 year old with an injury date on 9/25/07. Patient complains of lower back pain, radiating to right hip and bilateral wrists with persistent carpometacarpal pain in the 1st joint which is very tender per 1/23/13 report. Patient's right thumb is well fused, is wearing a splint for 1st CMC joint, and may consider an injection/surgery if no improvement is shown per 1/23/13 report. Patient only sleeps 1-2 hours a night and is unable to exercise due to pain per 12/3/13 report. Based on the 1/23/13 progress report provided by [REDACTED] the diagnoses are right 1st CMC arthritis and right thumb MP fusion. Exam on 12/3/13 showed patient ambulates with walker; positive seated straight leg raise test; wrist tenderness; no edema or erythema; positive tinel's and Phalen's tests; wrist brace on; positive for L-spine tenderness with paraspinal muscle spasms and bilateral facet loading signs; L-spine with decreased range of motion, lumbar brace is on; positive for right hip tenderness, positive Patrick's test, and positive internal rotation of the right hip. The utilization review determination being challenged is dated 2/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3xwk x 6 wks lumbar spine, bilateral shoulders and bilateral knees: Upheld

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

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

Decision rationale: This patient presents with lower back pain, right hip pain, and bilateral wrist pain. The treater has asked for chiropractic 3x week x6 weeks lumbar spine, bilateral shoulders, and bilateral knees but the date of the request is not known. Review of the reports shows no evidence of prior chiropractic treatments. MTUS guidelines recommend an initial trial of 3-6 chiropractic treatments and additional sessions, up to 18, if functional improvements can be documented. In this case, chiropractic treatment seems reasonable for patient's condition but according to MTUS, an initial trial is recommended. The requested 18 sessions exceeds MTUS guidelines as there is no evidence patient has undergone a trial of chiropractic treatment. Recommendation is for denial.