

Case Number:	CM14-0037781		
Date Assigned:	06/25/2014	Date of Injury:	10/11/2013
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 42 year old female who was injured on 10/11/2013. The mechanism of injury is unknown. On doctor's first report dated 03/06/2014, the patient complained of right elbow pain rated at 8/10; right wrist pain that extends from the elbow and wrist pain rated as 5/10. On exam, right shoulder range of motion is reduced with pain and tenderness. She has decreased right elbow flexion with pain in all planes. There is positive Cozen's test. The right wrist range of motion is decreased with pain and tenderness to palpation. The low back and neck range of motion is decreased and exhibits pain, tenderness to palpation and positive ortho tests. Diagnoses are right shoulder sprain/strain; lateral epicondylitis of the right elbow, tenosynovitis of the right wrist, cervical sprain/strain; lumbar sprain/strain; and radiculitis neuralgia of the left leg. The treatment and plan included chiropractic therapy twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial chiropractic treatment of the right shoulder, right elbow, right wrist, and cervical spine (12 sessions): Upheld

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

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

Decision rationale: Per the CA MTUS guidelines, chiropractic care for the forearm, wrist, & hand is not recommended, and therefore chiropractic treatment to these areas would be considered not medically necessary. Regarding the diagnosis of cervical sprain strain and radicular syndrome as well as right shoulder sprain strain, the guidelines allow for a trial treatment regimen of 6 chiropractic treatments within the first 2 weeks of injury with up to 18 over a 6-8 week period provided clinical improvement has occurred and the patient is being transitioned to an HEP. There is no documentation within the records outlining any specific goal to be gained in functional capacity as required by the CA MTUS guidelines. The request as a whole is not medically necessary.