

Case Number:	CM14-0037861		
Date Assigned:	06/25/2014	Date of Injury:	01/20/2005
Decision Date:	07/29/2014	UR Denial Date:	03/27/2014
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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 57 year-old female who sustained an injury to her right shoulder on 01/20/05 due to cumulative injury while performing her usual and customary duties as a human services specialist, in which she was required to constantly pull and file charts. The injured worker was treated with medications, prescribed physical therapy, and was provided splints for the bilateral hands. Other treatments included injections and chiropractic manipulation treatment. The injured worker reported that chiropractic treatment provided temporary benefit, but nothing long-term. The injured worker is currently awaiting an electromyograph (EMG) study and computed tomography (CT) scan. The injured worker continues to complain of right wrist pain that is "almost constant." The injured worker stated that the pain is all around the wrist and causes tingling to the thumb, index and middle fingers with associated weakness of grip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehab Therapy with soft tissue mobilization x8 visits with Chiropractic Right Shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The previous request was denied on the basis that the injured worker had already completed a regimen of chiropractic manipulation treatment that had provided minimal benefit. The CAMTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of 18 visits over 6-8 weeks may be authorized. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of chiropractic manipulation visits. Given this, the request for rehab therapy with soft tissue mobilization x 8 visits with chiropractic right shoulder is not indicated as medically necessary.