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| Case Number: | CM14-0054528 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 01/18/2014 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/23/2014 |

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 Nevada. 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 records, presented for review, indicate that this 42-year-old female was reportedly injured on January 18, 2014. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 19, 2014, was not clear what the injured employee's current physical complaints are. The physical examination of the cervical spine demonstrated tenderness of the paraspinal muscles and upper trapezius. There was a normal upper extremity neurological examination. Regarding the right shoulder, there was tenderness of the rhomboids, rotator cuff, and bicipital groove as well as the glenohumeral joint. There was slightly decreased right shoulder range of motion. There was tenderness at the anatomical snuffbox and carpal bones of the right hand and wrist along with a positive Phalen's and Finkelstein's test. Diagnostic imaging studies results and previous treatment is unknown. A request had been made for chiropractic care with supervised physiotherapy twice week for six weeks and was not certified in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy treatment with chiropractic supervised physiotherapy 2x per week for 6 weeks (total 12): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand

Complaints Page(s): 173, Page 203 (Chapter 9) and Page 265 (Chapter 11),Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59 and Page 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the attached medical record, the injured employee has recently been approved for physical therapy but has not yet started. Considering that the injured employee has not yet participated in upcoming physical therapy, it is unclear why there is also a request for chiropractic care. Considering that physical therapy is not yet been attended, this request for chiropractic treatment with chiropractic supervised physiotherapy twice week for six weeks is not medically necessary.