

Case Number:	CM14-0056817		
Date Assigned:	07/09/2014	Date of Injury:	08/09/2000
Decision Date:	08/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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 injured worker is a 51 year old female who was injured on 8/9/2000 by an unknown mechanism of injury with no specific job listed. The patient is presently TTD in a settled case which has been reopened. The areas of injury are neck, right elbow, bilateral wrists and hands. According to the records the diagnoses are 1) Cervical myofascial pain with disc bulges at C3-4, C4-5, C5-6, & C6-7, 2) Right Carpal tunnel syndrome (CTS) post-surgical, 3) right cubital tunnel-post-surgical, 4) right ganglion cyst on dorsum of wrist, 5) left wrist pain. The patient has apparently had physical therapy, medications, Chiropractic and surgical intervention. She is presently waiting for another wrist surgery according to report dated 1-23-14. The medical doctor has requested Chiropractic x's 8 sessions for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8 sessions for neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58-59.

Decision rationale: The records have no documentation for the number of previous chiropractic treatments or the injured workers response to the chiropractic care. The records do not show objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition the amount of chiropractic treatment requested does not follow the MTUS Chronic Pain guidelines listed above. The requested treatment of 8 visits for chiropractic manipulation may be necessary if the request followed the MTUS guidelines. This request is therefore deemed not medically necessary.