

Case Number:	CM14-0060968		
Date Assigned:	07/11/2014	Date of Injury:	09/20/2013
Decision Date:	08/14/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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 a Board Certified Chiropractor 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 31-year-old female who reported an injury on 09/20/2013. She was reportedly attacked by a patient. On 02/24/2014, the injured worker presented with right forearm pain which radiated through her entire arm, elbow, shoulder and upper back. Upon examination of the right elbow and forearm there was tenderness to palpation over the extensor muscles. The diagnoses were right upper extremity radiculopathy, right forearm pain status post bite of the right forearm, depression, rule out complex regional pain syndrome, and gastritis. Her treatment included the use of a heat pad, transcutaneous electrical nerve stimulation (TENS unit), and light exercise. The provider recommended chiropractic with physiotherapy 1 time a week for 6 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC WITH PHYSIOTHERAPY 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): page(s) 58.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that chiropractic care regarding pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of functional improvement, a total of up to 18 visits over 6 to 8 weeks. The provider's request does not indicate the site the chiropractic physiotherapy sessions were intended for. Additionally, the physical examination findings did not detail current musculoskeletal deficits. As such, the request is not medically necessary and appropriate.