

Case Number:	CM14-0065106		
Date Assigned:	07/11/2014	Date of Injury:	02/05/2010
Decision Date:	08/08/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/07/2014

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 Care 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 claimant is a 41-year-old female who was involved in a work injury on February 5, 2010. The injury was described as the claimant was lifting a pot of beans (about 10 pounds) to pour the beans into another pot. Pain was felt in the right wrist and right thumb. The claimant reported to work and saw a doctor on the same day. The claimant was examined and given an analgesic and then was sent to do physical therapy. The claimant had attended about 5 or 6 visits, and then treatment was stopped. The claimant continued to work with pain. The claimant complained of right wrist pain more on the thumb side and stress. The claimant presented to the office of [REDACTED], on December 22, 2012. This report indicated that the claimant had multiple injuries including a low back injury on May 19, 2009, low back injury on July 8, 2012, neck and right upper extremity injury on October 18, 2012, right shoulder and right upper extremity injury on March 2, 2009, and the February 5, 2010 right wrist injury. The claimant was diagnosed with lumbar disc syndrome, radicular neuralgia, lumbar sprain/strain, and lumbar segmental dysfunction. The recommendation was for 6-8 chiropractic treatments. On February 25, 2014 the claimant was reevaluated. This report indicated that the claimant had 14 chiropractic visits (from December 22, 2012 through February 25, 2014). She has significant improvement with conservative chiropractic treatment. Her pain level of 3-4 in lower back and after today's treatment; her pain level was 2/10 and had better ROM and less tenderness. She is able to work with less restriction if one becomes available. She also had a recent epidural and if did not help would do surgery for lumbar spine. Conservative care is helping and absent these treatments; she would become worse and has significant difficulties to do her ADL. The provider submitted an RFA for the 14 retrospective chiropractic treatments and 2-4 additional visits. On April 17, 2014 a peer review was performed regarding a request for chiropractic manj 1-2 regions for retrospective request for 2 sessions of chiropractic therapy for treatment of right wrist, date of

service November 17, 2013 to February 8, 2014. The requested treatment was noncertified by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropract manj 1-2 regions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 68 of 137.

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

Decision rationale: The medical necessity for the 2 retrospective treatments for dates of service November 17, 2013 and February 8, 2014 was not established. Available for review was the initial examination dated December 22, 2012 and a re-examination dated February 25, 2014. The re-examination indicated that the claimant had received 14 treatments over this timeframe. The dates of service for these 14 treatments were not available. In addition, these treatments were provided to the claimant's right wrist. The California MTUS guidelines indicate that manipulation for wrist complaints is not supported. Therefore, the medical necessity for the 2 retrospective treatments was not established.