

Case Number:	CM14-0068268		
Date Assigned:	07/14/2014	Date of Injury:	06/27/2013
Decision Date:	08/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/13/2014

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 Chiropractic, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California and Washington. 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 45 year old individual with an original date of injury of 6/27/13. The mechanism of injury occurred when the patient was lifting a 5 gallon water bottle repetitively. The patient has been treated with physical therapy and chiropractic treatment since the injury, but there is no documentation indicating the efficacy of this past treatment. There is no documented objective, functional improvement from these treatments. The disputed issue is a request for 6 additional chiropractic treatments for the cervical spine, with sessions 1 times a week for 6 weeks. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS. The second disputed issue is a request for 6 physical therapy treatments for the bilateral upper extremities. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS or ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro1x6 cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no documented objective, functional improvement from the earlier chiropractic treatment. The request for 6 Chiropractic treatments for the cervical spine is non-certified.

Physical Therapy 2x3 bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Carpal Tunnel Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Physical Medicine Page(s): 58-60.

Decision rationale: The CA MTUS Guidelines recommend physical therapy in certain situations. ODG states that physical medicine guidelines for carpal tunnel syndrome allow treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home therapy, in 1-3 visits over 3-5 weeks. ODG further outlines that physical therapy guidelines for lateral epicondylitis/tennis elbow allow treatment frequency of 8 visits over 5 weeks. There is no documented objective, functional improvement from the earlier physical therapy. The request for 6 physical therapy treatments for the bilateral upper extremities is non-certified.