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| Case Number: | CM14-0071730 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 11/28/2011 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/19/2014 |

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 injured worker is a 45 year old individual with an original date of injury of 11/28/11. The patient complained of a repetitive-type wrist injury. The injured worker has undergone approved chiropractic treatments, but there are no records regarding this treatment and the efficacy of it. The disputed issue is a request for 12 additional chiropractic physiotherapy treatments for the neck and wrists. 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 criteria set forth in MTUS and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy, Work Conditioning, Chiropractic: Regional Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATIOINS Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Regional Neck and Upper Back Chapter. Carpal Tunnel Chapter. Physical Therapy Chapter.

Decision rationale: MTUS and ODG Guidelines do not recommend chiropractic care for the wrist. ODG Guidelines recommend a 6 visit trial for neck and upper back pain. With evidence of improvement, an additional treatment of 9 visits over 8 weeks is warranted. In this case, the patient has received prior chiropractic treatment, but there is no documented objective, functional improvement. Due to the lack of documentation, the request for additional chiropractic physiotherapy is not medically necessary.