

Case Number:	CM14-0074424		
Date Assigned:	07/16/2014	Date of Injury:	10/12/2012
Decision Date:	08/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty license in Pediatric 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 57 year old individual with an original date of injury of 10/12/12. The mechanism of injury occurred when the patient reported a repetitive-type injury. Diagnoses include lateral epicondylitis and forearm extensor strain. The follow-up chiropractic evaluation on 3/31/14 stated the patient reported that the right wrist pain had resolved, but she continued with right elbow pain. She has received physical therapy and chiropractic treatments. The disputed issue is a request for 8 additional chiropractic treatments for the right wrist. 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. It was also unclear why additional treatment was needed for the resolved wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Therapy Visits for Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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. CA MTUS does not recommend chiropractic care for the wrist. The patient reported the wrist pain had resolved, therefore, additional treatment is not medically necessary. The request for 8 chiropractic therapy sessions for the right wrist is not medically necessary.