

Case Number:	CM13-0071801		
Date Assigned:	04/06/2015	Date of Injury:	07/28/2010
Decision Date:	05/01/2015	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 (IW) is a 47-year-old female who sustained an industrial injury on 07/28/2010. She reported pain in the neck and bilateral upper extremities. The injured worker was diagnosed as having neck sprain/strain, and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, medications, and Chiropractic care. Currently, the injured worker complains of neck pain and pain in both hands and wrists. The plan of care includes a recommendation for chiropractic care. A request for authorization is presented for Chiropractic care x12 for both shoulders, bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x12 for both shoulders, bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Forearm, Wrist and Hand Chapter, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and

Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.24.2 et seq. Effective July 18, 2009, (Final Version);. Decision based on Non-MTUS Citation ODG TWC: ODG Treatment Integrated Treatment/Disability Duration Guidelines Updated 11/18/14)ODG Chiropractic Guidelines-Sprains and strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy9 visits over 8 weeks.

Decision rationale: The 12/24/13 UR determination denied further Chiropractic care, 12 sessions directed toward the claimants wrist/shoulder. The medical records failed to address objective clinical evidence of improvement in the shoulder following 3 Chiropractic treatment, evidence of which is required by referenced ODG Guidelines. The request to incorporate manipulation to the shoulder was denied based on no evidence-based support for manual therapy/manipulation or the wrist-ODG or CAMTUS. The UR determination of 12/24/13 was appropriate. The reviewed medical records failed to document the medical necessity for further care to the shoulder or evidence based support for manipulation of the wrist. Therefore, the request is not medically necessary.