

Case Number:	CM14-0143396		
Date Assigned:	09/12/2014	Date of Injury:	11/07/2013
Decision Date:	01/06/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture, 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:

Claimant is a 22 year old female who sustained a work related injury on 12/3/2013. Prior treatment includes acupuncture, physical therapy, occupational therapy, injections, medications, and bracing. Six sessions of chiropractic were approved on 8/11/2014. Chiropractic was also rendered on 7/17/14. Her diagnoses are right wrist ECU tendinopathy and wrist pain. Her diagnoses are bilateral wrist flexor and extensor tendinitis, right lateral epicondylitis, right elbow/forearm strain, and lumbar/thoracic/cervical myoligamentous sprain/strain. Per a PR-2 dated 6/16/14, the claimant has pain in the right wrist/thumb, left wrist, right elbow/forearm, neck, mid back, and low back. Cozens' is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulative Therapy #12 (twice weekly for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work

restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant had one chiropractic session documented and six further visits authorized as a trial. However, the provider fails to document objective functional improvement associated with the completion of the certified chiropractic trial, and therefore 12 visits exceeds the recommended guidelines. The request is not medically necessary.