

Case Number:	CM14-0188053		
Date Assigned:	11/18/2014	Date of Injury:	12/20/2012
Decision Date:	03/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

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. 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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 49 year old male with chronic pain in the neck, back, and right shoulder, date of injury is 12/20/2012. Previous treatments records are not available for review. Treating doctor first report dated 09/26/2014 revealed patient come in with prescription for treatment of cervical, thoracic, lumbar, right shoulder, right wrist, and right thumb pain. Objective findings not included in the report. Diagnoses include cervical and lumbar disc displacement, thoracic sprain/strain, wrist sprain, shoulder impingement, and thumb sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/ Chiropractic (ADJ 3 body parts, ADJ extremity, EMS, U/S, therapeutic exercises, paraffin, manual traction, massage, myofascial release) 2 x 4 for the lumbar/ cervical, and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the neck, back, shoulder, wrist, and thumb. There is no previous treatment records available. The current request is for chiropractic treatment with physiotherapy include EMS, Ultrasound, Traction, massage, exercises, paraffin, and myofascial release. MTUS guidelines do not recommend chiropractic manipulation for the wrist and hand, neither do ultrasound. ACOEM do not recommend traction for low back treatment. Based on the guidelines cited, the request for 8 chiropractic and physiotherapy treatment is not medically necessary.