

Case Number:	CM14-0194156		
Date Assigned:	12/01/2014	Date of Injury:	10/19/2011
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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 and 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:

The injured worker is a 54 year old female who reported neck and bilateral wrist pain from injury sustained on 10/19/11. Mechanism of injury was not provided in the medical records. Electrodiagnostic studies dated 09/23/13 revealed moderate compression of medical nerve and right mild compression of the median nerve in carpal tunnel. Patient is diagnosed with carpal tunnel syndrome, thoracic outlet syndrome and cervical spine degenerative disc disease. Patient has been treated with medication, occupational therapy, physical therapy, medication and 18 chiropractic sessions. Per medical notes dated 10/01/14, patient is still having numbness, tingling and burning sensation in the left wrist; movement is improving. Per medication notes dated 10/14/14, patient complains of numbness of left upper extremity. Patient is not improving. Provider requested additional 2X6 chiropractic treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy twice a week for six weeks for the cervical spine: 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 Manipulation Page(s): 58-59.

Decision rationale: Per utilization review, patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions for cervical spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.