

Case Number:	CM14-0194337		
Date Assigned:	12/02/2014	Date of Injury:	03/06/2014
Decision Date:	01/26/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Chiropractor (DC), 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 claimant is a 37-year-old female who was involved in a work injury on 3/6/2014 in which she injured her right upper extremity as a result of a repetitive trauma injury. The claimant presented to the office of [REDACTED], physical medicine and rehabilitation specialist, and began a course of therapy. On 10/7/2014 the claimant was reevaluated by [REDACTED], for complaints of upper extremity pain. Pain levels were noted to be 7/10 in the right upper extremity. The report indicates that the claimant had completed 12 acupuncture, 18 chiropractic, and 18 physical therapy treatments through 10/7/2014. The claimant was diagnosed with right wrist carpal tunnel syndrome, right wrist sprain/strain, left wrist sprain/strain, cervical sprain/strain with right upper extremity radiculopathy and right shoulder sprain/strain. The recommendation was for a lumbar brace in addition to 12 chiropractic treatments. The requested 12 chiropractic treatments were denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor Cervical Spine 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

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

Decision rationale: The medical necessity for the requested 12 additional chiropractic treatments was not established. The 8/11/2014 report from [REDACTED] indicated "overall no change with chiropractic x18." This clearly indicates an absence of improvement as a result of the initial 18 treatments. At that time the claimant continued to note pain levels of 7/10. The claimant's condition had not deteriorated through the 10/7/2014 evaluation. Given the absence of documented functional improvement as a result of the initial 18 treatments, the medical necessity for the requested 12 additional treatments is not medically necessary. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks."