

Case Number:	CM14-0201970		
Date Assigned:	12/12/2014	Date of Injury:	08/02/2013
Decision Date:	02/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/02/2014

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 Board Certified in 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 injured worker is a 27 year old male who reported neck and wrist pain from injury sustained on 08/02/13. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with cervical radiculitis and bilateral carpal tunnel syndrome. Patient has been treated with bilateral carpal tunnel release surgery, medication, and physical therapy. Per medical notes dated 09/17/14, patient is status post right carpal tunnel release on 07/17/14. Patient is currently off work. Per medical notes dated 10/19/14, patient complains of neck and bilateral wrist and hand pain. Provider requested initial trial of 8 chiropractic treatments with physiotherapy, electrical stimulation, traction and massage which were modified to 2X3 by the utilization review on 11/06/14. 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 with physiotherapy, electrical stimulation, traction massage; 2 times a week for 3 weeks to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 16, 111, 115, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): (s) 58.

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

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 8 chiropractic treatments with physiotherapy, electrical stimulation, traction and massage which were modified to 2X3 by the utilization review on 11/06/14. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Chiropractic visits are not medically necessary.