MAXIMUS Federal Services

Case Number:	CM14-0209715		
Date Assigned:	02/03/2015	Date of Injury:	06/01/2011
Decision Date:	03/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female who was injured at work on 06/01/2011. The history and physical findings were very difficult to read, but essentially indicate the injured worker had positive Tinel's and phalen's tests, and is being treated for Lumbar spine strain, bilateral wrist sprain, and lumbar spine herniated disc. The provider requested for chiropractic care and physical therapy, but this is being disputed because the submitted records were hand written and illegible; the utilization reviewer's request for clear records, including detailed history, physical examination, and outcome of prior treatment received no response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy/physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 06/01/2011. The medical records provided indicate the diagnosis of Lumbar spine strain, bilateral wrist sprain, and lumbar spine herniated disc. The provider requested for chiropractic care and physical therapy, but this is being disputed because the submitted records were hand written and illegible; the utilization reviewer's request for clear records, including detailed history, physical examination, and outcome of prior treatment received no response. The medical records provided for review do not indicate a medical necessity for chiropractic /physiotherapy. The MTUS recommends as follows, "Effective treatment of the chronic pain patient requires familiarity with patient-specific past diagnoses, treatment failures/successes, persistent complaints and confounding psychosocial variables." Therefore, the requested treatment is not medically necessary and appropriate since the records submitted did not provide clear information about the injured worker's medical condition.