

Case Number:	CM14-0024126		
Date Assigned:	05/12/2014	Date of Injury:	09/08/2013
Decision Date:	03/16/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/24/2014

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 56 year old female with chronic pain in the neck, low back, shoulders, and wrists, date of injury is 04/01/2013. Treating doctor's first report dated 01/07/2014 revealed patient complained of neck pain, low back pain, bilateral shoulders and wrist pain. Objective findings include decreased ROM in the cervical spine, lumbar spine, bilateral shoulders, and wrists. Diagnoses include wrists sprain/strain, shoulders impingement, cervical and lumbar DDD/stenosis. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy 2x week x 6 weeks of the cervical and lumbar spine, bilateral shoulders, and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with complains in multiple body parts included the neck, low back, shoulders, and wrists. The available medical report has very limited objective findings with no documentation of functional deficits. The current treatment request of 12 chiropractic visits exceeded MTUS guidelines recommendation for a trial of 6 visits over 2 weeks for low back pain. In addition, chiropractic therapy is not recommended for treatment of the wrists. Therefore, it is not medically necessary.