

Case Number:	CM15-0001388		
Date Assigned:	01/12/2015	Date of Injury:	05/18/2010
Decision Date:	03/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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, Oriental 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 64 year old female who sustained an industrial injury on 5/18/2010. She has reported bilateral hand and wrist pain. The diagnoses have included status post bilateral carpal tunnel releases with residual tendinitis. Treatment to date has included bilateral carpal tunnel release in 2011 and 2012. On 12/9/14 the primary physician requested additional Chiropractic care reporting a well healed incision over the carpal tunnel with negative Tinel's. The IW complains of bilateral wrist pain. Treatment plan included Chiropractic services twice a week for four weeks. On 12/26/2014, Utilization Review non-certified chiropractic services twice a week for four weeks, noting the lack of medical necessity and lack of objective functional benefit from prior sessions. The MTUS, ACOEM Guidelines was cited. On 12/26/2014, the injured worker submitted an application for IMR for review of Chiropractic services twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The 12/18/14 request for additional Chiropractic care follows a prior course of care, 12 visits of Chiropractic care with no report from the primary physician that prior care was of any functional benefit to the patient. The UR determination of 12/26/14 addressed the report deficits relative to objective functional improvement with prior applied care and referenced the CAMTUS Chronic Treatment Guidelines for both the lack of sufficient reporting of functional improvement but also that the same guidelines did not support any manipulative care to the wrists. The UR determination to deny the requested Chiropractic care, 2x4 was appropriate and consistent with CAMTUS Chronic Treatment Guidelines.