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| Case Number: | CM15-0001643 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 04/28/2014 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 12/12/2014 |
| 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 43 year old female who reported neck, shoulder, arm, and hand pain from injury sustained on 04/28/14 while sitting at her desk. There were no diagnostic imaging reports. Patient is diagnosed with carpal tunnel syndrome and back pain. Patient has been treated with medication, cortisone injection. Per medical notes dated 11/12/14, patient complains of bilateral hand pain. She received cortisone injection into bilateral carpal tunnel and it gave her some relief; however, she states that her symptoms are now returning. Examination revealed decreased sensation to light touch in bilateral median nerve distribution, right greater than left. Provider requested initial trial of 12 chiropractic treatment for neck and shoulders which was non-certified by the utilization review. 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:

12 sessions of Chiropractic therapy neck and bilateral shoulders (2x6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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 12 chiropractic treatment for neck and shoulders which was non-certified by the utilization review. Per medical notes dated 11/12/14, patient complains of bilateral hand pain, provider requested chiropractic treatment for neck and shoulder pain. Medical notes do not document any subjective or objective complaints regarding the neck and shoulders. 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, 12 Chiropractic visits are not medically necessary.