

Case Number:	CM15-0006589		
Date Assigned:	01/26/2015	Date of Injury:	02/25/2014
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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: New York

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:

The injured worker is a 26-year-old female who reported an injury on 11/01/2013 due to an unspecified mechanism of injury. On 12/04/2014, she presented for a followup evaluation. She reported continued complaints of increased pain and stiffness to the spine. She noted her symptoms to be moderate, rated at a 9/10. A physical examination showed tenderness to palpation to the right of the supine with associated spasm in the L1 junction. She had a positive straight leg raise on the right and decreased strength in the right lower extremity. It should be noted that the document provided was handwritten and illegible. The treatment plan was for additional chiropractic treatment 2 times 4 for the cervical spine, thoracic spine, and lumbar spine, right shoulder, right elbow, and right wrist. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 2x4 for C/S, T/S, L/S, right shoulder, right elbow and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for the low back, but not for the forearm, wrist, or hand. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple body areas. However, there is a lack of documentation regarding the injured worker's response to previous chiropractic therapy treatment in terms of a quantitative decrease in pain and an objective improvement in function. Also, chiropractic treatment is not recommend for the wrist, and therefore, the request would not be supported. Also, the number of sessions being requested exceeds guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines, and therefore, the request would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.